

# Municipal Clerk

450 4<sup>th</sup> St Sutton, West Virginia 26601

304-765-5581 4townofsutton@gmail.com

# CITIZENSCONCERNFORM

Intake received by: \_\_\_\_\_ In person \_\_\_\_\_ Website \_\_\_\_\_ Phone \_\_\_\_\_ Via Town personnel or council \_\_\_\_\_ Other \_\_\_\_\_

**REPORTING PARTY:** Every effort will be made to keep this information confidential. Any personal information you provide is only used to contact you for clarification of the information you report and to provide follow-up on the action.

*If your complaint is regarding water, sewer, trash or maintenance issues, please, call the office at 304.765.5581 immediately and speak with staff. All other issues, please, continue to fill-in information so your concern can be acted upon.*

Complainant's Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ Cell phone: (\_\_\_\_\_) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## LOCATION OF CONCERN

Include exact address: \_\_\_\_\_

If no address is visible, please describe the area in detail, including street intersections and landmarks.

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DESCRIPTION OF THE CONCERN Details about the specific situation you are reporting:

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Vehicles complaints description/license number \_\_\_\_\_

Renter reporting unsafe or unhealthy conditions, please provide contact information for the property owner:

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The Town of Sutton will process every report received through this form. If another agency is responsible for the issues, it will be forwarded accordingly. To inquire to the status of your report, after three business days, please contact the Town at 304.765.5581.

**Official Use Only:** Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Property Owner Verified As ; \_\_\_\_\_

Concern forwarded to: ☐ Administration ☐ Buildings ☐ Police ☐ Maintenance ☐ Flood Plain Coordinator

Outside agency, if so who (give contact information for follow-up) \_\_\_\_\_

Follow-up action taken:

(Use blank sheet of paper for further reporting or documentation and attach to this report.)

Case closed: \_\_\_\_\_ yes \_\_\_\_\_ no By whom? \_\_\_\_\_ (initials) \_\_\_\_\_ Date \_\_\_\_\_