

CITY OF WHITING COMPLAINT FORM

FAX OR EMAIL ORIGINAL COMPLAINT TO ENFORCING DEPARTMENT

DATE: _____ TIME: _____

NAME OF COMPLAINANT: _____

ADDRESS OF COMPLAINANT: _____

PHONE NUMBER OF COMPLAINANT: _____

NATURE OF COMPLAINT:

- | | | |
|--|--|---|
| <input type="checkbox"/> Criminal activity (P) | <input type="checkbox"/> Street light (P) | <input type="checkbox"/> Weeds (B) |
| <input type="checkbox"/> Graffiti (P) | <input type="checkbox"/> Traffic/Street sign (S) | <input type="checkbox"/> Sanitary sewer (W) |
| <input type="checkbox"/> Abandoned vehicle (P) | <input type="checkbox"/> Garbage/Litter (S) | <input type="checkbox"/> Drainage/Flood (W) |
| <input type="checkbox"/> Illinois plates (P) | <input type="checkbox"/> Pothole (S) | <input type="checkbox"/> Water quality (W) |
| <input type="checkbox"/> Speeding/Traffic (P) | <input type="checkbox"/> Contractor/Permit (B) | <input type="checkbox"/> Water bill (WB) |
| <input type="checkbox"/> Animal issue (P) | <input type="checkbox"/> Property condition (B) | <input type="checkbox"/> Tree (T) |
| <input type="checkbox"/> Noise (P) | <input type="checkbox"/> Other _____ | |

DETAILS OF COMPLAINT:

ADDRESS OF PROPERTY IN COMPLAINT: _____

COMPLAINT TAKEN BY: _____

COMPLAINT REFERRED TO: _____

RESOLUTION: _____

RESOLUTION DATE: _____

COMPLAINT RESOLVED BY: _____

FAX A COPY OF COMPLETED FORM TO MAYOR'S OFFICE AT 473-4452

Mayor's Office email: kkazmierski@whitingindiana.com

(P) – Police Department
(W) – Water Supt.

(S) – Street Department
(WB) – Water Billing

(B) – Building Department
(T) – Tree Board