



TOWN OF GRANBY CITIZEN INCIDENT, ISSUE or SUGGESTION FORM

Thank you for your interest in your Town. Your suggestions and comments are welcome. Please fill out this form in its entirety. **Forms must be turned in with a contact name, phone number and both physical and mailing address to be considered.** This form may be copied to the appropriate staff including the Town Manager, Mayor and Board Members for review.

Date of incident/issue: _____ Approximate time of day: _____ a.m. or p.m.

Town Department involved:

Town Clerk	_____	Finance	_____	Office Staff	_____
Planning and Zoning	_____	Parks	_____	Police	_____
Recreation	_____	Snow Removal	_____	Streets	_____
Water North	_____	Water South	_____		

Incident/Issue/Suggestion involves:

Person or persons: _____

Equipment: _____

Briefly describe the situation: _____

Other comments or suggestions: _____

Please Complete this Section

Your name: _____ Your phone number: _____

Your physical address: _____

Your mailing address: _____

Office Use Only

Copied to: _____

Review at Board Meeting? Yes ___ No ___ Date of Meeting: _____

Follow up: Citizen called? Yes ___ No ___ Date: _____ By Whom _____

Further action needed/taken: _____