

CUSTOMER SERVICE FORM

PUBLIC REQUEST / COMPLIMENT / COMPLAINT / SUGGESTION FORM

City Hall
 101 E Street
 P.O. BOX 199
 Waterford, CA 95368
 PH: (209) 874-2328
 FAX: (209) 874-9656



www.cityofwaterford.org

Please Fill Out Completely

DATE:	WOULD YOU LIKE A CALL BACK?	YES	NO
NAME:	PHONE #:		
ADDRESS:			
ADDRESS, LOCATION OR NATURE OF CONCERN:			
DESCRIPTION OF REQUEST / COMPLAINT / COMPLIMENT / SUGGESTION:			

City Clerk's Office will route to Lead Department(s) for response.

FOR CITY USE ONLY	
RECEIVED BY:	DATE RECEIVED:
VIA: <input type="checkbox"/> E-MAIL <input type="checkbox"/> FAX <input type="checkbox"/> WALK-IN <input type="checkbox"/> PHONE CALL <input type="checkbox"/> U.S. MAIL	
COMMENTS:	
DEPARTMENT: <input type="checkbox"/> ADMINISTRATION <input type="checkbox"/> BUILDING <input type="checkbox"/> CODE ENFORCEMENT <input type="checkbox"/> FINANCE <input type="checkbox"/> PUBLIC WORKS <input type="checkbox"/> PLANNING <input type="checkbox"/> RECREATION <input type="checkbox"/> OTHER _____	