

CITY OF MIDWAY, FLORIDA CITIZEN REQUEST/COMPLAINT FORM

Date of Request/Complaint: _____

Name: _____

Address: _____

Telephone: _____

City/State/Zip: _____

Nature of Request/Complaint: _____

Assigned To: _____

Action Taken: _____

Resolved? (Yes) (No)

Closed? (Yes) (No) **By Whom?** _____ **Date:** _____

Further Action Necessary: _____

