



TOWN OF NEDERLAND

Resident Formal Communication

Please fill out form completely – incomplete forms will not be accepted.

Date of Communication _____

Resident's Name _____

Resident's Address _____

Resident's Phone or Email _____

Area of Concern: _____

Date(s) & Time of Occurrence: _____

Description of Problem/Concern/Suggestion:

If this is in regards to a neighbor, what steps have been taken to contact the neighbor and discuss the issue? _____

For Office Use Only: **Form Received by:** _____

Directed To:

- | | | |
|---|--|---|
| <input type="checkbox"/> Code Enforcement | <input type="checkbox"/> Planning / Building | <input type="checkbox"/> Town Administrator |
| <input type="checkbox"/> Public Works | <input type="checkbox"/> Police Department | |

Date of Action Taken: _____ Date Resident Contacted: _____

Action Taken/Issue Resolution: _____

Upon resolution of complaint, please return completed form to the Town Clerk.