

CITY OF MARQUETTE HEIGHTS

715 LINCOLN ROAD
MARQUETTE HEIGHTS, IL 61554
PH. 309/382-3455



NAME OF COMPLAINTANT _____

ADDRESS _____

PHONE _____ BEST TIME TO CALL _____

COMPLAINT _____

(If more room needed, use back)

COMPLAINTANT SIGNATURE _____

OFFICIAL RESPONSE _____

OFFICIAL'S SIGNATURE _____

DATE _____

FOR OFFICE USE ONLY	
Date Submitted	_____
Dept.	_____
Date Filed	_____