



VILLAGE of RICHFIELD SPRINGS

Po Box 271 Richfield Springs, NY 13439

315-858-1710 fax: 315-858-9202

CONCERN/COMPLAINT FORM

202- _____

Date _____

Name _____ Phone _____

Address _____

Nature of Complaint (attach photos if obtained)

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Office Use Only

Date Stamp

Forward to _____

Action Taken (within 5 days):

Signed _____ Date _____

(Return form to Village Office)