



# CITIZEN REQUEST FORM

Village of Mount Pleasant, Wisconsin

## COMPLAINANT INFORMATION

Name\* \_\_\_\_\_

Address\* \_\_\_\_\_

City/St/Zip\* \_\_\_\_\_

Phone\* \_\_\_\_\_

E-mail \_\_\_\_\_

Signature\*  \_\_\_\_\_

## LOCATION OF POTENTIAL VIOLATION

Address \_\_\_\_\_

### RETURN COMPLETED FORM TO:

Village of Mount Pleasant  
Attn: Municipal Complaints  
8811 Campus Drive  
Mount Pleasant, WI 53406

Note: Anonymous requests will not be processed. All requests become a matter of public record. The village is subject to the Public Records Law of the State of WI and therefore may be required to disclose this document in response to a public records request.

DESCRIPTION OF REQUEST\* (attach additional pages if necessary)

DATE \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### FOR VILLAGE STAFF USE ONLY ▼

*\* required*

Date Received \_\_\_\_\_

COMPLAINT NO. \_\_\_\_\_

Referred To: \_\_\_\_\_

Department: \_\_\_\_\_

### STATUS UPDATE

Date \_\_\_\_\_ Explanation \_\_\_\_\_

Date \_\_\_\_\_ Explanation \_\_\_\_\_

Date \_\_\_\_\_ Response sent to complainant