

Town of Buena Vista
Public Concern Form

Date: _____ Received by: Email Mail Hand Deliver Other _____

Name _____

Address _____
Street City State Zip

Phone # _____ Cell # _____

Email _____ @ _____

Description of Concern: _____

Department Referred to: _____ Date Referred: _____

Action Taken (Include dates): _____

Resolution of Concern Date: _____

Completed by: _____ Signature _____

Date _____

Completed form Received by Town Administrator on Date: _____



Please Note at top of form if additional pages are attached