



COMPLAINT FORM

DATE: _____

NAME: _____

ADDRESS: _____

PHONE: _____

PLEASE DESCRIBE YOUR COMPLAINT IN DETAIL BELOW

THANK YOU FOR NOTIFYING THE CITY OF YOUR CONCERNS

City of Mount Vernon

109 N. Kaufman * P.O. Box 597 * Mount Vernon, TX 75457 * 903 537 2252 * FAX: 903 537 2634

www.comvtx.com