COMPLAINT FORM

DATE: _____

NAME: _____

ADDRESS: _____

PHONE: _____

PLEASE DESCRIBE YOUR COMPLAINT IN DETAIL BELOW

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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