**CITY OF MOUNT VERNON**
**REQUEST FOR ACTION FORM**
**Resident please fill out all blue highlighted areas**

**DATE_____NAME_____**
**ADDRESS_____**
**PHONE_____**

**COMPLAINT/OCCURRENCE (Please give as much detail as possible)_____**
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**ACTION TAKEN AT CITY HALL (City Hall staff to fill out)**
_____
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_____

**REFER TO_____DEPT_____**
**RESPONSE_____**
_____
_____
_____

**RESPONSE TO PERSON REQUESTING ACTION**
**CIRCLE RESPONSE CONTACT**
***PHONED *IN PERSON *IN WRITING**
***SATISFIED *NOT SATISFIED**
**RETURNED/COMPLETED DATE_____**

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