

Resident Feedback



Name: _____ Date: _____

Address: _____

Daytime Phone Number: _____ Email: _____

Date of Incident: _____ Time of Incident: _____

Location of Incident: _____

Submit concern to:

- | | | | |
|---|--|--|---------------------------------------|
| <input type="checkbox"/> Administration | <input type="checkbox"/> Public Safety | <input type="checkbox"/> Utility Billing | <input type="checkbox"/> Public Works |
| <input type="checkbox"/> Code Enforcement | <input type="checkbox"/> Parks/Rec | <input type="checkbox"/> Building | <input type="checkbox"/> Forester |

Concern: _____

***If not filled out online via the City of Grosse Pointe Park website, please return the completed form to Grosse Pointe Park City Hall and drop off at the front desk for our staff. Once the Resident Feedback form is assigned to the proper staff member the City will be in touch shortly.**