



1843 Mt. Zion Road  
Union, KY 41091  
Kathy Porter, City Clerk

Tel: (859) 384-1511  
Fax: (859) 384-7760  
Larry Solomon, Mayor

### REQUEST FOR SERVICE / COMPLAINT FORM

This form is being provided for, the convenience of citizens and officials of the City of Union in order to take information necessary to properly handle and process request for service / complaints received. To increase the efficiency of our office, and to better serve the public, we ask that you complete this form. We request your name, address, and telephone number so that we may contact you for additional information, if needed. Also, your willingness to provide us with this information helps us to determine the urgency of the request. Please be assured that your name will not be used during the investigation.

DRAINAGE/STORM WATER COMPLAINT/REQUEST \_\_\_\_\_

COMPLAINT \_\_\_\_ INQUIRY \_\_\_\_ REQUEST \_\_\_\_ WORK ORDER \_\_\_\_ GRASS/WEEDS \_\_\_\_

Date/Time: \_\_\_\_\_ Request/Complaint By: \_\_\_\_\_

Address: \_\_\_\_\_ Daytime phone: \_\_\_\_\_

Location of Problem: \_\_\_\_\_

State Nature of Complaint/Inquiry/Request/Work Order:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**(PLEASE USE THE BACK OF THIS FORM IF MORE SPACE IS NEEDED)**

Return This Completed Form to: Union City Building  
1843 Mt. Zion Road  
Union, KY 41091-9534  
-OR-  
Email to: [cityclerk@cityofunionky.org](mailto:cityclerk@cityofunionky.org)

\*\*\*\*\* DEPARTMENTAL RESPONSE \*\*\*\*\*

REVIEWED BY: \_\_\_\_\_

ACTION TAKEN AND RESPONSE: \_\_\_\_\_