

**CITY OF
UNION, KY**

1843 Mt. Zion Road
Union, KY 41091

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

***** DEPARTMENTAL RESPONSE *****

REVIEWED BY: _____

ACTION TAKEN AND RESPONSE: _____