

CITY OF MOUNT VERNON
REQUEST FOR ACTION FORM

Resident please fill out all RED highlighted areas

DATE _____

NAME _____

ADDRESS _____

EMAIL _____

PHONE _____

REQUEST FOR THE CITY (Please give as much detail as possible) _____

ACTION TAKEN AT CITY HALL (City Hall staff to fill out)

REFER TO _____ DEPT _____

RESPONSE _____

RETURN DATE _____

RESPONSE TO PERSON REQUESTING ACTION

CIRCLE RESPONSE CONTACT

*PHONED *IN PERSON *IN WRITING *EMAIL