



# Town of Greenville Concern/Request Form

Date Reported: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone #: \_\_\_\_\_

Concern/Request: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is this situation an emergency?  YES  NO

For Emergency situations please call the Public Works Department at (920)757-7276.  
All non emergency situations will be evaluated and handled within 30 days.

Submit all Concerns and Requests to:

Greenville Public Works Department  
P.O. Box 60  
Greenville, WI 54942

FOR OFFICE USE ONLY:	
Date Claim Received: _____	Claim Received by: _____
Date of Claim Review: _____	Date Claim Resolved: _____
How Claim was Resolved: _____	