

**TOWN OF GENEVA
INFORMATION/COMPLAINT FORM**

NAME: _____ DATE: _____

ADDRESS: _____

PHONE: _____

INFORMATION GIVEN OR COMPLAINT RENDERED: _____

WHAT WOULD YOU WANT DONE (If Possible): _____

PERSON/DEPARTMENT FORWARDED TO: _____

ACTION TAKEN: _____

DO YOU WANT TO BE CONTACTED REGARDING THIS? _____

Return to: Town of Geneva Clerk's Office
N3496 Como Road
Lake Geneva, WI 53147