BOROUGH OF CARROLLTOWN

CIVIL AWARENESS AND REQUEST FORM

140 East Carroll Street, PO Box 307 Carrolltown, PA 15722 Phone: (814) 344-6650

C.A.R. FORM# _____

DATE:_____ TIME: _____

NAME :_____ ADDRESS:_____

TELEPHONE:_____ TYPE OF CONCERN:_____

PERSON AND/OR ADDRESS OF CONCERN (IF APPLICABLE): _____

DETAILED INFORMATION:

_____

_____

_____

_____

_____

_____

_____

SIGNATURE:_____ DATE:_____

OFFICE USE ONLY:

MATTER RESOLVED WHEN:_____ BY WHO:_____

HOW:_____

_____

STATUS: 1-PROBLEM RESOLVED 2-TO BE MONITORED 3-VIOLATION 4-REFERRED TO