



MUNICIPAL COMPLAINT FORM

Town of Wyoming, Wyoming, Delaware

COMPLAINANT INFORMATION

Name _____

Address _____

City/St/Zip _____

Phone _____

E-mail _____

Signature _____

LOCATION OF POTENTIAL VIOLATION

Address _____

RETURN COMPLETED CLAIM FORM TO:

Town of Wyoming
1 N. Railroad Ave
Wyoming, DE 19934

or email:
townofwyoming@comcast.net

DESCRIPTION OF COMPLAINT (attach additional page(s) if necessary)

Date _____

For Town use only:

Date Received _____	COMPLAINT NO. _____
Referred to: _____	Department: _____
STATUS UPDATE	
Date _____	Explanation _____
Date _____	Explanation _____