



# **Town of Sheboygan Falls**

W3860 CTH O, Sheboygan Falls, WI 53085

Phone / Fax (920) 467-1922

## Complaint Form

Complainant Name (Please print clearly): \_\_\_\_\_

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

Complainant Phone Number: \_\_\_\_\_

Complaint: \_\_\_\_\_  
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Signature of Complainant: \_\_\_\_\_ Date: \_\_\_\_\_