



TOWN OF BLACK WOLF

380 E. Black Wolf Ave. Oshkosh, Wisconsin 54902

Citizen Information/Service Request Form

Date: _____

Name: _____

Address: _____

Phone: () _____ Would you like a follow-up call? Yes/No

Please provide information pertaining to your situation or service request:

What is your suggested resolution to situation: (if applicable):

May we contact you if more information is needed? Yes/No

For Office Use Only:

Date Received: _____ By: _____

Person/Department forwarded to:

Date Forwarded: _____

Action Take – Date of Action: :

