

Bloomington Township Highway Department

RESIDENT INQUIRY

Date: _____

Name: _____

Address: _____

Phone: Home: _____ Cell : _____

Email: _____

Briefly describe the issue you are requesting the Highway Department to investigate? _____

Highway Department's determination and plan of action (if necessary).

Resident Signature

Highway Department

For Highway Department use only

Approved by

Date file closed

Date received