

# POTHOLE COMPLAINT

**DATE:** \_\_\_\_\_

**LOCATION:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NATURE OF REQUEST:** \_\_\_\_\_

**ORIGINATOR:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**ZIP CODE:** \_\_\_\_\_ **PHONE NUMBER:** \_\_\_\_\_