

**VILLAGE OF MONTFORT  
INFORMATION/COMPLAINT FORM**

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

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

PHONE: \_\_\_\_\_

INFORMATION GIVEN OR COMPLAINT RENDERED: \_\_\_\_\_

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WHAT WOULD YOU WANT DONE (If Possible): \_\_\_\_\_

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PERSON/DEPARTMENT FORWARDED TO: \_\_\_\_\_

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ACTION TAKEN: \_\_\_\_\_

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DO YOU WANT TO BE CONTACTED REGARDING THIS? \_\_\_\_\_

Return to: Village of Montfort  
P.O. Box 157, 102 E. Park Street  
Montfort, WI 53569