



P.O. Box 395  
Nixa, Missouri 65714

Complaint No. \_\_\_\_\_

# CUSTOMER SERVICE REQUEST FORM

This form can be filled out and emailed to ohall@nixa.com or printed brought to City Hall Building Dept.

Date of Complaint \_\_\_\_\_ Complainant: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Violation \_\_\_\_\_ complaint \_\_\_\_\_

Problem Location: \_\_\_\_\_

Owner/Occupant: \_\_\_\_\_ Phone: \_\_\_\_\_

Owner Mail Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Received By: \_\_\_\_\_ Referred To: \_\_\_\_\_ Date: \_\_\_\_\_

Comments:

Date to be completed \_\_\_\_\_

Completion Date Extended To \_\_\_\_\_

Please complete the following section and return this form to the office:

Action:

Completed By \_\_\_\_\_

Date: \_\_\_\_\_