

Waste/Recycling Service Complaint Form

Municipality Name: _____

Date Notice received by Municipal Office: _____

Received via (circle one): Phone Email In-Person Other: _____

Customer Name: _____

Street/Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Acct #: _____ Email: _____

Name of Person reporting issue (if different): _____

Relationship to Customer: _____

Caller Phone: _____ Caller Email: _____

Hauler Name: _____ Contact Name: _____

Address _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Date of Issue: _____

Issue (circle one): Missed Pick-up Dropped Litter Incorrect Billing Damage

Other - specify details _____

Did the Customer contact the Hauler about this issue? Yes No

Additional information to describe the issue being reported: _____

(Additional information/pictures/etc may be attached)