Village of Alburgh Customer Communication/ Correspondence Form

Customer Name:		Date/Time:	
Property Address:		Phone Number:	
Email:			
Type of Correspondence (circle			
Meeting	Phone Conversation	Site Visit	
Customer Concerns/ Communic	cation:		
Form Completed by:			
VILLAGE USE ONLY:		*	
Action Required:			
Followed up by:	Date/ Time	of Follow up:	