

**Sabattus Sanitary & Water District**  
**Citizen Request for Action**

Date:

Name:

Telephone:

Address:

Request/Complaint:

OFFICE USE ONLY

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

Contact made: Yes No When: \_\_\_\_\_ Time: \_\_\_\_\_

Steps taken to resolve Req.lCom.:

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_