BOROUGH OF ROOSEVELT

33 North Rochdale Avenue Post Office Box 128 08555

Resident Request Form Please complete all fields:

YOUR NAME:			
YOUR ADDRESS:			
TELEPHONE NO.:			
E-MAIL ADDRESS:			
DATE:	LOT:	BLOCK:	
DEPARTMENT:			
OR TO MAKE A SUC GOVERNMENT. PLEA	ATION, MUNICIPAL ASS GGESTION REGARDING SE ENTER COMPLETE D IME AND LOCATION OF	THE OPERATION OF DESCRIPTION OF YO	S, LODGE A COMPLAINT F ROOSEVELT BOROUGH OUR PROBLEM, INCLUDING APPLICABLE.

We will respond to your issue as soon as possible. If your issue is an emergency, please call 911.