

Please print and fill out the Inquiry Form and return it to Town Hall. You will receive a copy when the inquiry is completed

IF # _____

TOWN OF JONESBOROUGH INQUIRY FORM

NAME: _____ DATE RECEIVED: _____ TIME: _____

ADDRESS: _____

PHONE: (Home) _____ (Work) _____ (Cell) _____

Account No.: _____ Inquiry Received By: _____

Nature of Inquiry: _____

Emergency: Yes ___ No ___ Emergency Contact To: _____ Time: _____

Form Routed To: _____ Date: _____ Routed By: _____

Action Taken: _____

Action Taken By: _____ Date: _____

Is Further Action Needed? Yes ___ No ___ If Yes, Explain: _____

Follow-up Action Taken: _____

By Whom: _____ Date: _____

Action Completed? Yes ___ No ___ Certified By: _____

Supervisor Signature: _____ Date: _____

(Routing – Retain Pink Copy – Recipient White/Yellow Copy – Top Copy back to Sender upon Completion)