



The City of Fitchburg
Massachusetts
OFFICE OF THE MAYOR

SAMANTHA M. SQUAILIA

MAYOR

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Constituent Concern Form

Date: _____
Name: _____
Address: _____
Phone: _____
Email: _____

Nature of Concern:

Parking:	Street Sweeping:	Other: _____
Trash Pick-Up:	Plowing/Sanding:	
Pot Hole:	Street/Sidewalk:	

Department Involved:

Fire:	Parks:	Schools:
Health:	Planning:	Treasurer:
Human Resources:	Police:	Other: _____
Mayor's Office:	Public Works:	

Brief Description of Concern:
