



Inquiry, Complaint or General Comment

You may use this form to submit inquiries, complaints, or general comments. Please fill out the form as completely as possible and return to:

City Manager's Office
210 State Street OR Email: mgr@charlevoixmi.gov
Charlevoix, MI 49720

Name: _____ Date: _____
Address: _____ City, State, Zip: _____
Phone: _____ Email: _____

Please tell us where we may direct your comments:

- | | | |
|---|--|--|
| <input type="checkbox"/> General/Not Sure | <input type="checkbox"/> Recreation | <input type="checkbox"/> Main Street/DDA |
| <input type="checkbox"/> City Manager | <input type="checkbox"/> Street Department | <input type="checkbox"/> Golf Course |
| <input type="checkbox"/> Treasurer | <input type="checkbox"/> Water/Electric | <input type="checkbox"/> Marina |
| <input type="checkbox"/> Clerk | <input type="checkbox"/> Police | <input type="checkbox"/> Mt. McSauba |
| <input type="checkbox"/> Planning/Zoning | <input type="checkbox"/> Fire/EMS | <input type="checkbox"/> Airport |

Please describe your inquiry, complaint, or general comment:

We will address your issue within a reasonable timeframe. If you would like a follow-up call, please indicate:

- Yes. I would like a follow-up call. No follow-up necessary.

Office Use Only

Resolution/Notes:

Staff: _____ Title: _____ Date: _____