

*Bloomington Township Highway Department*

**RESIDENT INQUIRY**

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: Home: \_\_\_\_\_ Cell : \_\_\_\_\_

Email: \_\_\_\_\_

Briefly describe the issue you are requesting the Highway Department to investigate? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Highway Department's determination and plan of action (if necessary).

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Resident Signature

Highway Department

\_\_\_\_\_

\_\_\_\_\_

For Highway Department use only

Approved by

Date file closed

Date received