City of Weslaco
Report of Concern
"CITIZENS COME FIRST"

_____

Date: _____

Compainant Name: _____ **Home Ph:** _____ **Work Ph:** _____

Address: _____

Nature of concern: _____ **Originating Dept.:** _____

Location of complaint: _____

Type of concern: ☐ Maint. ☐ Parked Veh. ☐ Bldg. Code ☐ Street/Sign ☐ Smell ☐ Contractor ☐ RV ☐ Services ☐Property Damage ☐ Electrical ☐ Noise ☐ Trees ☐ Misc.

Description of Incident and/or Loss / Describe Damages to either Party's Person or Property:
Attach: affidavits, photo's, investigation / police reports, etc.

Witness # 1: _____ **Home Ph:** _____ **Work Ph:** _____

Address: _____

Witness # 1: _____ **Home Ph:** _____ **Work Ph:** _____

Address: _____

NOTICE: All information requested above must be provided in order to expedite the processing of concern being submitted. Attach: affidavits, photos, investigation/police reports, etc.

ROUTED: ☐ City Manager ☐ CSO ☐ PCE ☐ FIN ☐ FD ☐ PD ☐ HR ☐ LIB ☐ MVA ☐ MC ☐ P&R ☐ PU ☐ PF ☐ WTP ☐ Billing

Internal:

_____ _____
Completion Date