

Complaint Form

City of Lowry City
406 W. 4th, (Physical Address)
P. O. Box 143 (Mailing Address)
Lowry City, MO 64763
Telephone: (417) 644-2338 Fax: (417) 644-2035

No. _____

Request

Location _____ Date _____

Reported By _____ Rec'd by _____

Address _____ Phone _____

Action Taken

By _____ Date _____

Thank you for calling this matter to our attention. I hope the action taken meets with your approval: in the event it does not, I would appreciate your contacting me.

City Clerk John Farrell