

Citizen Request Form

City of Crown Point
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Crown Point, IN
USA
46307
Phone: (219)662-3240
Fax: (219)662-3262
www.CrownPoint.IN.gov

My request is a **Problem** **Suggestion** **Question**

Date:

Relates to:

First Name:

Last Name:

Address:

City:

State:

Zip/Postal Code:

Email Address:

Primary Telephone Number:

Secondary Telephone Number:

Describe your Question or Concern:

(Please wait for the confirmation page to appear to ensure that your request has been successfully submitted.)

Note: Upon submission, your form will be routed to the appropriate authority. A confirmation e-mail will also be sent to your e-mail address with the completed form as an attachment. If you would like to print a copy of this completed form now, please use the "print file" option in the pdf toolbar.