



Citizen Action Request Form

City of Louisville  
215 S. Mill Street

(330) 875-3321

DATE: \_\_\_\_\_ RECEIVED BY: \_\_\_\_\_

RESIDENT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CONTACT NUMBER: \_\_\_\_\_

NATURE OF ACTION REQUESTED: \_\_\_\_\_

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

City of Louisville Use Only

ROUTED TO: \_\_\_\_\_

INSPECTED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

ACTION TAKEN:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*RETURN TO CITY HALL WHEN COMPLETED. [citymanager@ezo.net](mailto:citymanager@ezo.net)