

Town of Cobleskill, NY
Water & Sewer Project

() Inquiry () Complaint Date: _____

Name: _____ SBL # (Not Required) _____

Address:(911# Required): _____

Location of Inquiry/Complaint: _____
(If Different) _____

Your Daytime or Work Phone w/ Ext # _____ Evening # _____

Fax #: _____ Cell # _____ Other # _____

Nature of Inquiry and or Complaint:

Sketch: _____

Received On : _____ By: _____

Resolved On : _____ By : _____

Call or Return to: *Dan Dixon- 518 313-9267 or fax to 234-3404*

Office Use Only: Copy to: () J. M. McDonald Engineering on _____.