



TOWN OF CHESTER
84 Chester Street
Chester, NH 03036
(603) 887-3636

REQUEST FOR ACTION FORM

NAME: _____ TEL: DAY: _____

ADDRESS: _____ NIGHT: _____

This form is for your use in order to report requests, complaints, and/or repairs to the Chester Board of Selectmen. This information will be kept confidential upon your request.

Keep information confidential

Description of Problem (in detail):

Action Requested:

DATE

SIGNATURE

Office Use Only

BOS Rec'd Date: _____ Copy to Dept Head Date: _____

Referred to: _____ Date: _____

ACTION/RECOMMENDATION:

BOARD ACTION:

ISSUED TO: _____ ON: / /