



# ALCESTER TOWN COUNCIL

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## COMPLAINTS/COMMENTS FORM

Please provide details below:

continue on a separate sheet if necessary

**You don't need to give your name and address if you are making a comment but we do need it if you wish us to respond. Please use BLOCK CAPITALS**

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

\_\_\_\_\_ **Post Code** \_\_\_\_\_

**Telephone** \_\_\_\_\_

**email** \_\_\_\_\_

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

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