

**TOWN OF PEGRAM
P.O.BOX 249
PEGRAM, TN 37143**

Comment/Concern Form

Name (PLEASE PRINT) _____	
Address (PLEASE PRINT) _____	
Phone Number _____	
Description of Comment/Concern _____	

Signature _____	Date _____

STAFF USE ONLY – DO NOT WRITE BELOW THIS LINE

Type of Issue: (check those that apply)

- _____ Board of Zoning
- _____ Codes Enforcement
- _____ Council
- _____ Engineering Enforcement
- _____ Fire Safety Enforcement
- _____ Inspector - Building
- _____ Planning Commission
- _____ Other: _____

Action Taken: _____

Signature _____ **Date** _____