



Brightwood Community Association

P.O. Box 55104 // Washington, DC 20011 // www.brightwooddc.com

CITIZEN COMPLAINT/REQUEST FORM

NAME OF REQUESTOR: _____
(Please print clearly)

MY COMPLAINT/REQUEST IS DIRECTED TOWARD THE FOLLOWING PERSON WHO SPOKE AT THE BCA MEETING ON
(date) _____:

Name of Person/Agency Phone # // Email Address (if contacting later)

NATURE OF MY COMPLAINT/REQUEST:

- | | | |
|--|---|--|
| <input type="checkbox"/> Abandoned Vehicles | <input type="checkbox"/> Litter Can Service or Repair | <input type="checkbox"/> Signs – Street Name |
| <input type="checkbox"/> Alley Cleaning | <input type="checkbox"/> Parking Enforcement | <input type="checkbox"/> Street Cleaning |
| <input type="checkbox"/> Alley Lights | <input type="checkbox"/> Parking Meters | <input type="checkbox"/> Street Repair |
| <input type="checkbox"/> Alley Repair | <input type="checkbox"/> Parking Regulations | <input type="checkbox"/> Streetlight Repair |
| <input type="checkbox"/> Bulk Collection | <input type="checkbox"/> Pavement Markings | <input type="checkbox"/> Supercan |
| <input type="checkbox"/> Curb & Gutter Repair | <input type="checkbox"/> Potholes | <input type="checkbox"/> Traffic Signals |
| <input type="checkbox"/> Dead Animal | <input type="checkbox"/> Rats | <input type="checkbox"/> Traffic Signs |
| <input type="checkbox"/> Eviction | <input type="checkbox"/> Recycling Bin | <input type="checkbox"/> Trash Collection |
| <input type="checkbox"/> Graffiti | <input type="checkbox"/> Recycling Collection | <input type="checkbox"/> Tree Maintenance |
| <input type="checkbox"/> Grass & Weeds Mowing | <input type="checkbox"/> Residential Parking Permit | <input type="checkbox"/> Utility Cuts Repair |
| <input type="checkbox"/> Illegal Dumping | <input type="checkbox"/> Sanitation Enforcement | <input type="checkbox"/> Vacant Lot |
| <input type="checkbox"/> Illegal Dumping Signs | <input type="checkbox"/> Sidewalk Repair | <input type="checkbox"/> Yard Waste Collection |
| <input type="checkbox"/> Leaf Collection | <input type="checkbox"/> Signs - Parking | <input type="checkbox"/> Other: _____ |

LOCATION OF PROBLEM: _____
(address, intersection, closest street, etc.)

TIME PROBLEM OCCURS : _____
(if applicable)

PLEASE DESCRIBE SPECIFIC COMPLAINT/REQUEST CLEARLY AND BRIEFLY:

I have previously contacted the following about this problem with the following results:

Name of Person/Agency Results X - No Action

Name of Person/Agency Results X - No Action



For follow up, I can be reached at:

Phone #1 Phone #2 Email Address
(Daytime) (Evenings)