



ULHASNAGAR MUNICIPAL CORPORATION

CITIZEN FACILITATION CENTRE

SUBJECT:-**COMPLAINTS REGARDING PUBLIC HEALTH**

Token Number (For Office Use)

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Date:-

/ /

Citizen Identification Number

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(If Citizen Identification Number is given, do not fill below Details)

Applicant's Details:

Last Name/ Surname	Name	Father/Husband's Name

Details of Society (If Application from Society):

Name Of Society:	
Designation	

Address:

Head	Information
House/Building/Soc. Name:	
Flat/Block/Barrack No.:	Wing/Floor:
Road/Street/Lane:	
Area/Locality/Town/City:	Taluka:
Pin code:	
Wards Committee No.:	1 [] 2 [] 3 [] 4 []
Electrol Panel No.:	
Telephone No. (if any):	Contact Person:
Email Address (if any):	

Classification: - (Tick [✓] whichever applicable)

- | | | |
|--|---|---|
| <input type="checkbox"/> Waste / Garbage on roads not collected in dust bins. | <input type="checkbox"/> Cleaning of bins | <input type="checkbox"/> Placing of Dust Bins at certain places. |
| <input type="checkbox"/> Waste / Garbage in the city not lifted other than dust bins | <input type="checkbox"/> Dumper / Compactor not arrived for lifting the garbage | <input type="checkbox"/> Waste / Garbage in Corporation's Market is not lifted. |
| <input type="checkbox"/> Roads not cleaned properly | <input type="checkbox"/> Cleaning of Public Toilets | <input type="checkbox"/> Nuisance / trouble due to mosquitoes. |
| <input type="checkbox"/> Nuisance / trouble due to stray animals. | <input type="checkbox"/> Choke-up of gutters | <input type="checkbox"/> Bins not cleaned properly |
| <input type="checkbox"/> Lifting of dead animals. | <input type="checkbox"/> Cleaning of gutters | <input type="checkbox"/> Others |

Details of Complaint:-

[Note:- Please attach necessary documents regarding Complaint.]

Applicant's Signature