



TOWN OF MANHATTAN REQUEST FORM

Name: _____ Phone Number: _____

Mailing address: _____

Location: _____

(circle one of the following) In Town / Out of Town

State your request:

Multiple horizontal lines for writing the request.

continue on the back side if necessary)

Your Signature: _____ Date: _____

Your request will be processed in a timely manner and you will be notified of the correct procedure for your request. Thank you.

TOWN OFFICE USE ONLY

Staff Signature: _____ Received Date: _____