



**TOWN OF BROWNFIELD**  
**82 Main Street**  
**Brownfield, Maine 04010**

**Communication Form**

**Please: Mark [X] one of the boxes below:**

Concern                       Compliment                       Complaint                       Suggestion

**TO: Board of Selectmen**

**Date:** \_\_\_\_\_

**Person filling out this form:**

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

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

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

**Topic of Discussion:**

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**Signed:** \_\_\_\_\_

**Action to be taken:**

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\_\_\_\_\_  
**First Selectman**

\_\_\_\_\_  
**Second Selectman**

\_\_\_\_\_  
**Third Selectman**