

CITIZEN COMMENTS, CONCERNS AND/OR REQUEST FOR SERVICE

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ RECEIVED BY: \_\_\_\_\_

CITIZEN'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CONTACT/REQUEST MADE IN PERSON: \_\_\_\_\_ BY PHONE: \_\_\_\_\_

NATURE OF COMMENT, CONCERN OR REQUEST:

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OFFICE USE ONLY

COMMENT, CONCERN OR REQUEST REFERRED TO: DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

DEPARTMENT HEAD: \_\_\_\_\_

COMMITTEE CHAIR: \_\_\_\_\_

ACTION TAKEN:

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COMPLETELY RESOLVED: YES: \_\_\_\_\_ NO: \_\_\_\_\_

ADDITIONAL COMMENTS:

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