



CITIZENS REQUEST FOR ACTION

Date: _____

Name, Address and Phone Number of person requesting action: _____

I request the following action: _____

Signature: _____

Complaints must be filed at City Hall within 10 days of the incident.

Do not write below this line, for City use only.

Responsible Employee: _____

Action taken: _____

Date of resolution: _____

Complainant contacted? _____ When? _____ How? _____

Please return this completed form to the City Administrator upon resolution.