

## **CITIZEN COMMENT/ ACTION REQUEST**

NAME:	DATE:		
ADDRESS:	PHONE:		
Do you want staff to contact you regarding a resolu	tion?Y	YES	NO
**************************************			
Sent for response and action to:	Received by:		
Mayor/Council	Public We	orks	
Mayor/Council Clerk/Treasurer	Police		
Parks	Fire	_	
Finance/Permitting Other	Building		
****FOR DEPARTMENT  Initial Response: (in five working days, if final re	TAL FOLLOW-UP**	**	rking days)
BY:	<i>DATE</i> :		
Response/Action:			
Final Response:			
BY: Response/Action:	DATE:		