



ELECTRIC CITY

CITIZEN COMMENT/COMPLAINT FORM

DATE: _____

NAME: _____

STREET ADDRESS: _____

MAILING ADDRESS: _____

TELEPHONE NUMBER: _____

NATURE OF COMMENT/COMPLAINT:

SIGNATURE

Designated Dept.

_____ CITY CLERK

_____ NUISANCE/COMPLAINCE OFFICER

_____ PUBLIC WORKS

_____ BUILDING INSPECTOR

FOR OFFICIAL USE ONLY

Date Received:	Received By:	Forwarded to:	Respond By (date):
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Action Taken:

