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DATE: _____

TO: (CIRCLE ONE) CITY ADMINISTRATOR MAYOR CITY COUNCIL

FIRST NAME: _____ LAST NAME: _____

ADDRESS: _____

CONTACT PHONE: _____ EMAIL: _____

COMPLAINT/CONCERN: (INDICATE BELOW)

SIGNATURE: _____ DATE: _____

OFFICE USE ONLY

DATE RECEIVED: _____ REFERRED TO: _____ REPLIED ON: _____

NOTATION:

BY: _____

DATE: _____