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## CITY COMMENT FORM

Completed forms will be directed to the appropriate City Department. Anonymous comments are discouraged.

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

### COMMENT OR PROBLEM

Please include detailed information so that we may promptly attend to your comment. If you are commenting about a possible City Code violation, please include the location of the possible violation and the date when you observed it.

Comment: \_\_\_\_\_

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#### To be completed by City Staff:

Received by \_\_\_\_\_ Date: \_\_\_\_\_ Distributed to: \_\_\_\_\_

Date of response: \_\_\_\_\_

Action taken: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_