No# _____

COPY TO ISSUER _____ _____

DATE STAMP

CITY OF BLUE LAKE

CONCERN/COMPLAINT ABOUT PUBLIC SERVICE

YOUR NAME _____

YOUR ADDRESS _____

YOUR PHONE # _____

YOUR EMAIL ADDRESS _____

WHAT IS YOUR CONCERN/COMPLAINT?

_____

_____

_____

WHEN DID THIS OCCUR?

_____

_____

_____

WHAT IS THE LOCATION OF YOUR COMPLAINT?

_____

OVER

WHAT DO YOU BELIEVE IS A REASONABLE SOLUTION?

_____

_____

RECEIVED BY CITY MANAGER ON _____

CONCERN/COMPLAINT REFERRED TO:

_____

ACTION(S) TAKEN AND DATES

_____

_____

_____

RETURNED TO CITY MANAGER ON _____

FILED BY CITY CLERK ON _____