

**RATEPAYER'S COMMENT FORM**  
*(Please Print Legibly)*

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Phone No. Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_

Nature of Comment/Request (*use reverse side if necessary*):

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

Name(s), Address(es) & Telephone No.(s) of Individual(s) that are associated with this matter:

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

Have you spoken to any of the above individual(s)? Yes  No

If yes, please identify the individual(s) spoken to: \_\_\_\_\_

\_\_\_\_\_

Have you contacted/submitted previous comments regarding this matter? Yes  No

If yes, who assisted you with your initial request? \_\_\_\_\_

**Ratepayer's Proposed Solution:**

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

**Attach any other information that would assist the City in addressing this matter.**

\_\_\_\_\_  
Ratepayer Signature

**Ratepayer Comment Form Processing** (internal use only - print)

Received by: _____	Date: _____	Time: _____
Referred to: _____	Date: _____	
Action Taken: _____		
Resolution Date: _____	Signature: _____	