

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: _____	