



CITIZEN COMMENTS

PLEASE PRINT OR TYPE:

| | |
|----------------------------------|-----------------|
| NAME _____ | DATE _____ |
| ADDRESS _____ | PHONE NO. _____ |
| _____ | ALT PHONE _____ |
| CITY STATE ZIP | |

COMMENTS:

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| _____ SIGNATURE | _____ DATE | _____ DEPARTMENT STAFF | _____ DATE |
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