

CITIZEN'S CONCERN/COMMENT/SUGGESTION

City of Joseph

cityofjosephoregon@gmail.com

541-432-3832

DATE: _____ TO: _____

Name: _____

Address: _____ Phone: _____

Please indicate below your complaint/concern/comment/suggestion:

Office Use Only

Resolved: *Yes No* Pending: *Yes No*

Notation: _____

By: _____ Date: _____

(NOTE: Return completed form to City Clerk or any Council Member)