Date Received: _____

CITIZEN'S CONCERN/COMPLAINT/COMMENT/SUGGESTION

City of Joseph
cityofjosephoregon@gmail.com
(541) 432-3832

DATE: _____ **TO:** _____

Name: _____

Address: _____ **Phone:** _____

Please indicate below your concern/complaint/suggestion:

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(NOTE: Please return completed form to City Hall)

Office Use Only

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

Notation:

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By: _____ Date: _____