

# City of Colwich

## **-CITIZEN COMMENT-** *(please print)*

Date \_\_\_\_\_

Comment made by \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

### **COMMENT IS IN REFERENCE TO:**

City Administration \_\_\_\_\_ Police \_\_\_\_\_ Maintenance Dept. \_\_\_\_\_ Other \_\_\_\_\_

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*(If additional room is needed, please use reverse)*

**I understand that this comment form will be reviewed by the appropriate person, and a copy forwarded to the Mayor of Colwich. This issue will be addressed when the proper authorities have had sufficient time to prepare a response.**

**Signature Required** \_\_\_\_\_

**Follow up:**