



City of Sebastopol

CITIZEN COMMENT FORM

Please Check One:

COMMENT		COMPLAINT		COMMENDATION	
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Date:	
Name:	
Residence Address:	
Business Address:	
Mailing Address:	
Residence Phone:	Business Phone
Best Contact Phone Number:	
Email Address:	

Date of Incident: _____ Time of Incident: _____

Name or other Identification of City Employee (if appropriate): _____

Other person(s) who should be contacted:

Name: _____ Telephone: _____

Address: _____

Name: _____ Telephone: _____

Address: _____

REASON FOR COMMENT, COMPLAINT OR COMMENDATION

Comments

(Please be as specific as you can and use additional pages if necessary)

We appreciate your comments. If you wish to direct them to a specific City Official, please indicate who that person is: _____.