

# REQUEST FOR INFORMATION ACTION FORM

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Address/Location of Concern: \_\_\_\_\_

What would you like to know more about? Do you have a concern? Please explain below:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Who would you like to follow-up with action?

- Mayor
- City Council Member
- City Attorney
- City Manager
- Public Works Director
- Wastewater Director/Golf
- Police Chief
- Fire Chief
- Library Director
- City Clerk

What follow-up action would you like to see done? Please explain below:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_