

City of Port Townsend
CITIZEN CONCERN/REQUEST FORM
 (Fill out highlighted portion only)

PW File No:
DSD File No:
Police File No:

FORWARDED TO: _____

Via: Radio Interoffice Mail Phone In person Fax E-mail

Engineering	Recreation	Police
Streets	Pool	Solid Waste
Sanitary Sewer	Water Distribution	Library
Stormwater	Water Quality	Risk Management
Equipment Rental	Facility Maintenance	Utility Billing
Parks	DSD	

Date Rec'd: _____ Time Rec'd: _____ Person Who Received _____ Log In _____

How Rec'd: Letter Telephone In Person Fax E-mail Voice Mail

CITIZEN REQUESTING: _____

Phone: _____

Address: _____

Problem Location: _____

Comment: **Concern:** **Request:** **Suggestion for Improvement:**

Documentation of concern needed
 (images – including landmarks, drawings, and other details of concern area)

Issue / Concern / Remarks:

Required information
Follow up Contact Requested by Reporting Party: Yes No
 Person Contacted: _____ Contacted By: _____
 Date: _____ Time: _____

