

CITY OF STRAWBERRY POINT

Request for action form

Name _____

Complete Address _____

Telephone Number _____

Describe Incident or occurrence (be specific as to exact date, location, etc.):

What action are you requesting?

Date _____ Signature of citizen _____

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To be completed by City official

Date request form received in city office: _____

Request form forwarded to: _____

Action taken: _____

Date _____ City Clerk _____

After city action has been taken, a copy of completed form shall be mailed to Citizen, Mayor and City Council Members. Original form to be filed in City Clerk's office.

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NOTE: All request forms must be filled out correctly and signed by citizen. No action will be taken on unsigned forms.