

CITY OF WESTPORT
PO BOX 505
WESTPORT, WA 98595

CITIZEN ACTION REQUEST FORM

CITIZEN'S NAME (PLEASE PRINT): _____ PHONE # _____

ADDRESS: _____

DESCRIPTION AND LOCATION OF PROBLEM: _____

DO YOU WISH TO KEEP THIS MATTER CONFIDENTIAL? CHECK ONE: YES _____ NO _____

Please Note: The city cannot guarantee that confidentiality can be maintained in all circumstances (i.e. Court Proceedings).

⇒ SIGNATURE _____ DATE _____ TIME: _____

REQUEST RECEIVED BY: _____ DATE: _____ REQUEST NUMBER: _____

FORWARDED TO: _____ BY: _____ DATE: _____

ACTION TAKEN: _____

DATE: _____ SIGNATURE: _____

REASON FOR NO ACTION: _____

CITIZEN NOTIFIED OF RESULTS: (CHECK ONE) YES _____ NO _____ DATE: _____

METHOD OF NOTIFICATION: _____ INITIALS _____