

# CITIZEN INPUT



<b>DATE:</b>		<b>RECEIVED BY:</b>	
<b>Name:</b>			
Address:			
City:		State:	ZIP Code:
Affiliation:		Phone:	
<b>COMMENT/STATEMENT</b>			
<b>ACTION</b>			
Remarks:			Status after Action: <i>(Please check)</i> Complete                      Pending
<b>CUSTOMER FEEDBACK</b>			
Extremely Satisfied	Satisfied	Dissatisfied	Annoyed
Remarks:			
Name :			Phone
Email:			
Signature:		Date:	