



# Citizen Comment Form

City of Bay City  
5525 B Street  
P.O. Box 3309 – Bay City, Oregon 97107  
(503) 377-2288

Date Received: \_\_\_\_\_  
Phone Call  In Person

Nature of Complaint/Suggestion: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Location/Address (sketch map on back if necessary): \_\_\_\_\_

Property Owner Name (if known): \_\_\_\_\_

Complaint/Suggestion Received From: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

Complaint Received By: \_\_\_\_\_ Do you want a response back:  Yes \_\_\_ Written \_\_\_ Verbal  No

If you choose to keep your name confidential, the complainant information will be removed from this form. The other portion will remain a public record.

You may disclose my identify upon public inquires regarding this complaint.

You may not disclose my identify upon public inquires regarding this complaint without my permission.

It should be understood that if this case is filed in court, your name must be disclosed IF you are to be a witness in the case.

### To be filled out by Investigator

Requested Action:

Investigate Complaint/Suggestion  Check for Appropriate Permits  Take Pictures

Tag Building/Activity with Regulatory Orders  Other \_\_\_\_\_

Investigated By: \_\_\_\_\_ Date/Time of Investigation: \_\_\_\_\_

Report: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_

cc: \_\_\_\_\_