



CITIZEN CONCERN

DATE _____

CITY OF HUBBARD
3720 2ND St. /P.O. Box 380/Hubbard, Oregon 97032
www.cityofhubbard.org (503)981-9633

<p>CITY USE ONLY:</p> <p><u>ROUTE TO:</u></p> <p><input type="checkbox"/> PUBLIC WORKS</p> <p><input type="checkbox"/> POLICE DEPARTMENT</p> <p><input type="checkbox"/> ADMINISTRATION</p> <p><input type="checkbox"/> COUNCIL</p> <p><input type="checkbox"/> PLANNING</p>

Received By: _____

Citizen's Name: _____

Address: _____

Email Address: _____

Phone No.: _____

Concern *(Use back of form if necessary)*: _____



City Use Only:
Summary of Action Taken: _____

Signatures, Staff Member Assigned and/or Dept. Head Date

The Citizen's Concern listed above has been responded to and all necessary action has been taken to eliminate the concern and copies of each concern have been routed to the appropriate Department.

Signature of person routing copies Date