CITIZEN COMMENT FORM

Circle one: In Person  Mail  Phone  Email  Received By: ________________________________

Nature of Complaint / Suggestion (continue on back if necessary):
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Location/Address (sketch on back if necessary):
______________________________________________________________________________

Property Owner Name (if known):
______________________________________________________________________________

Person Making Comment:
______________________________________________________________________________

Address:  Phone:  Email:  ________________________________

Would you like a response?  □ No  □ Yes  If yes, please circle one  Written  Email  Verbal

Chapter 42.17 RCW, the Public Disclosure Law states; as a complainant you may indicate a preference for disclosure or non-disclosure of your name to inquires from the public. If you choose to keep your name confidential, the complainant information will be removed from this form. The other portion will remain public record.

☐ You may disclose my identity upon public inquiries regarding this complaint.

☐ You may not disclose my identity upon public inquiries 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.

For Internal Purposes Only

Date/Time of Investigation:  ________________________________ Investigated By:  ________________________________

Report:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Jefferson County Public Health
360-385-9400
615 Sheridan Street, Port Townsend, Washington 98368
Fax: (360) 385-9401  website: www.jeffersoncountypublichealth.org