



MARK R. JOHNSON
Mayor

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CITIZEN ACTION REQUEST (CAR)

DATE: _____ RECEIVED BY: _____
Staff Name

PLEASE PRINT

COMPLAINANT/STAFF: *(person making request)*

PROPERTY LOCATION:

Name

Address/Location of Incident

Address

City State Zip

Property Owner's Name *(if known)*

Phone

Phone #2

Phone *(if known)*

Email

Anonymous Yes No

Description of Issue or Comment / Request: _____

Signature of Requester _____