

Citizen Comment Form

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



Date: _____ Received via: Phone () In Person ()

Nature of Comment (Include the date, time, place, and facts of your complaint or comment) : _____

Location/Address (Sketch map on back if necessary) : _____

Explain how you feel the issue should be resolved: _____

Name: _____ Phone: _____

Address: _____

Would you like to be contacted by Staff? Yes () No ()

Comment Received by: _____ Date: _____

Findings/Action

Recommendations: _____

Attachments: _____

Distribution: Complaint Book () ; City Recorder () ; Public Works () ; Fire () ; Sheriff's Department () ; City Council ()

Follow Up By: _____

Additional information (Sketch, History, Permits, etc...)