

City of Pacific
100 3rd Avenue SE
Pacific WA 98047
253.929.1100

COMPLAINT AND/OR REQUEST FOR INFORMATION FORM

Please check the appropriate box below:

Citizen Complaint	
Citizen Request	
Please check here if you wish to remain anonymous	
Name	
Address	
City, State, Zip	
Phone Number	
Message Phone	
e-mail address	
Complaint/Request (please use back of page for additional space to write)	

FOR OFFICE USE ONLY

Department Response:	
Date Received:	Date Citizen Contacted
Received by:	Department:
Person Responding:	Department: