

CITIZEN INQUIRY FORM

Intake Date: _____

Purpose: To establish better communication between City departments and the citizens of Coburg, by resolving inquiries related to policies and/or procedures.

Procedure: Submit completed inquiry form to the City Recorder. Your inquiry will be addressed by the appropriate Department; City Council will review when necessary.

Department: Administration (Council/Mayor/Recorder) Budget/Finance
 Municipal Court Police
 Public Works (Street/Trees/Water Leaks) Water Billing
 Planning (*complete planning inquiry form*) Other: _____

Inquirer Contact Information

Name: _____ Phone: _____
Address: _____ Cell Phone: _____
Mailing Address (*If different than above*) _____
Email: _____ Fax: _____

Inquired Property/Location: _____

Explain (Question, Concern or Observation) please use back of form for additional space:

Signature: _____ **Date:** _____

Official Response (*for office use only*)

Response: _____

Action: _____

Administrator Reviewed: Yes No

What Department(s) should respond _____

Additional Notes _____

City Admin. Signature _____ **Date** _____

Signature of Department Head _____ **Date** _____

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