

**City of Pacific**  
**100 3<sup>rd</sup> Avenue SE**  
**Pacific WA 98047**  
**253.929.1100**

**COMPLAINT AND/OR REQUEST FOR INFORMATION FORM**

Please check the appropriate box below:

<input type="checkbox"/>	Citizen Complaint
<input type="checkbox"/>	Citizen Request
<input type="checkbox"/>	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: