

CITY OF GOLD BAR ACTION REQUEST FORM

Person requesting action: (may remain anonymous if desired)

Name: _____

Phone: _____

Address: _____

Signature: _____

Do you want to be notified when this action is complete? Yes: ___ No: ___

Action requested:

Location(s) where action is needed:

Other Person(s) involved (if any):

Name: _____ **Name:** _____

Address: _____ **Address:** _____

Other information concerning action:

Staff: _____, **Date:** _____, **Date Action Taken:** _____