



CITIZEN ACTION REQUEST

CITY OF CARNATION
PO BOX 1238
4621 TOLT AVENUE
CARNATION, WA 98014

Citizen Requesting Action: _____

Home Address: _____

Daytime Phone: _____ Home Phone: _____

Location of Action Requested: _____

Detailed description of request (be as specific as possible):

What can be done to correct this?

Do you want staff to call you back? Yes No

FOR CITY USE ONLY

Date request received: _____

Received by: _____

Sent for response and actions to (check only one):

- | | |
|---|--|
| <input type="checkbox"/> City Administrator | <input type="checkbox"/> City Planner |
| <input type="checkbox"/> City Engineer | <input type="checkbox"/> Finance Director |
| <input type="checkbox"/> Public Works | <input type="checkbox"/> Police Department |
| <input type="checkbox"/> Clerk/Gen. Svc. | <input type="checkbox"/> Other: _____ |

FOR DEPARTMENTAL FOLLOW-UP

Initial Response:

By who: _____

When: _____

Final Response:

By who: _____

When: _____

Solution/Response: