



# City of North Bend

## Citizen Feedback Form

*"Excellence in Government – Pride in Service"*

920 SE Cedar Falls Way - P.O. Box 896

North Bend, WA 98045

425 888-1211

<http://northbendwa.gov>

Date: \_\_\_\_\_

Compliment  Comment  Complaint  Request  Inquiry: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Citizen's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Citizen's Signature: \_\_\_\_\_

City Contacted by:  Phone  Letter  In Person Taken By: \_\_\_\_\_

Department Accepting Form: \_\_\_\_\_

Forwarded to \_\_\_\_\_ Department for Response within 10 Working Days.

Copy forwarded to:  Mayor  Administrator  Clerk

*Department Use Only*

Response or Action Taken by Department (required within ten working days): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date Action Taken: \_\_\_\_\_ By: \_\_\_\_\_

Citizen Notified by:  Writing  Phone  E-mail  Person By: \_\_\_\_\_

***File Original with City Clerk's Office. Ten Working Days to Respond.***

Response must be forwarded to:  Mayor  Administrator  Clerk  Other: \_\_\_\_\_