CITIZEN ACTION R	EQUEST
Forward to Clerk-Treasurer I	Immediately
Mail: PO Box 528, Hamilton, WA 98255 FAX: 360-826-3027 E-Mail: townofhamilton.2010@gmail.com	
ROBLEM/OCCURRENCE: (Please describe in detail; atta	ich supplemental documentation if appropriat
SPECIFIC LOCATION OF PROBLEM/OCCURRENC	CE:
	Reply Requested:
REPORTED BY:	Reply Requested:
REPORTED BY:	Reply Requested:
REPORTED BY: Citizen's Name: Address:	Reply Requested:
REPORTED BY: Citizen's Name: Address:	Reply Requested:
REPORTED BY: Citizen's Name: Address: Address: Home Phone: Work Phone:	Reply Requested:
REPORTED BY: Citizen's Name: Address: Address: Home Phone: Work Phone: Email: *** RCW 42.17.310(e): Information revealing the identition in the identition is the identition is the identition in the identition is the identities is the identitis the identities is the identities is the	Reply Requested: Yes No Anonymity Requested: Yes Yes No Yes No ity of persons who file complaints with
REPORTED BY: Citizen's Name: Address: Address: Home Phone: Work Phone: Email: *** RCW 42.17.310(e): Information revealing the identition investigative agencies may be held in confidence if disclophysical safety, or property. If at the time the complaining for disclosure, such desire shall govern.	Reply Requested: Yes No Anonymity Requested: Yes Yes No Yes No Yes No Ity of persons who file complaints with
REPORTED BY: Citizen's Name: Address: Address: Home Phone: Work Phone: Email: *** RCW 42.17.310(e): Information revealing the identii Investigative agencies may be held in confidence if discle physical safety, or property. If at the time the complaint for disclosure, such desire shall govern.	Reply Requested: Yes No Anonymity Requested: Yes Yes Yes No Yes No Yes No Yes No Supervision of the complaints with persons who file complaints with person's life, and angle and angle and person's life, but is filed the complainant indicates a dest
Citizen's Name:	Reply Requested: Yes No Anonymity Requested: Yes Yes Yes No Yes No Yes No Yes No Sty of persons who file complaints with Date: Date:

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REFERRED BY CLERK-TREASURER TO:	
Date:	
D Public Works – Streets	Sheriff – Animal Control
Public Works - Parks	Sheriff - Other
Public Works - Water	Permits & Building Inspection
□ Volunteer Fire Department	Town Council
Town Planner	Clerk-Treasurer
Mayor	Code Enforcement
ACTION TAKEN: (complete and return to Clerk-Treasurer's Office)	
Responding Department:	Date:

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Response by: (name)	Date:

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