

# TOWN OF HAMILTON

## CITIZEN ACTION REQUEST

*Forward to Clerk-Treasurer Immediately*

Mail: PO Box 528, Hamilton, WA 98255  
FAX: 360-826-3027  
E-Mail: townofhamilton.2010@gmail.com

**PROBLEM/OCCURRENCE:** *(Please describe in detail; attach supplemental documentation if appropriate)*

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**SPECIFIC LOCATION OF PROBLEM/OCCURRENCE:**

**REPORTED BY:**

**Reply Requested:**

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

☐ Yes

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

☐ No

**Anonymity Requested:**

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

☐ Yes

Email: \_\_\_\_\_

☐ No

\*\*\* RCW 42.17.310(e): Information revealing the identity of persons who file complaints with investigative agencies may be held in confidence if disclosure would endanger any person's life, physical safety, or property. If at the time the complaint is filed the complainant indicates a desire for disclosure, such desire shall govern.

**BELOW THIS LINE FOR TOWN USE ONLY:**

Initial Information Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Received by Clerk-Treasurer: \_\_\_\_\_ Date: \_\_\_\_\_

Priority: \_\_\_\_\_

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

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

- ACTION TAKEN:** (complete and return to Clerk-Treasurer's Office)

Responding Department: \_\_\_\_\_ Date: \_\_\_\_\_

Responding Department: \_\_\_\_\_ Date: \_\_\_\_\_

Response by: (name) \_\_\_\_\_ Date: \_\_\_\_\_

Response by: (name) \_\_\_\_\_ Date: \_\_\_\_\_