

CITY OF FONTANA
COMMUNITY SERVICES DEPARTMENT



CITIZEN COMMENT/INQUIRY REQUEST FORM

Name Of Citizen filing inquiry/comments: _____

Mailing Address: _____

Phone Number: _____ Cell Number: _____

Email: _____ Date: _____ Time: _____

Location/Site incident occurred: _____

Description of Comment/Inquiry/Incident: _____

FOR OFFICE USE ONLY

Received By: _____ Date: _____ Time: _____

Action Taken: _____

Citizen Notified: _____

Date Time Employee Name

Form of Response: Letter Telephone Email

Program SupervisorDivision ManagerDepartment Director

- Department File Location/Site File Citizen's Copy