

CITY OF GOLD BAR ACTION REQUEST FORM

Is the nature of this request confidential? Yes _____ No _____

Person requesting action: (may remain anonymous if desired)

Name _____

Phone _____

Address _____

Signature _____

Do you want to be notified when this action is complete? Yes _____ No _____

Action requested:

Location(s) where action is needed:

Other Person(s) involved (if any):

Name: _____

Address: _____

Name: _____

Address: _____

Other information concerning action:

Request Number _____ Date _____ Data Entry Code _____