

CITIZEN ACTION REQUEST

CITY OF CLARKSTON
829 5TH STREET
CLARKSTON, WA 99403

REQUEST BY:

LOCATION OF PROBLEM:

Name

Name

Address

Address

Phone #

Phone #

SITUATION:

DATE RECEIVED: _____ **TIME:** _____ **BY:** _____

INVESTIGATION: Findings and Action Taken....

TIME: _____ **DATE:** _____ **BY:** _____

FOLLOW-UP: Findings and Action Taken....
