



City of North Bend

Citizen Feedback Form

"Excellence in Government – Pride in Service"

920 SE Cedar Falls Way

North Bend, WA 98045

425 888-1211

<http://northbendwa.gov>

Date: _____

Compliment Comment Complaint Request Inquiry: _____

Citizen's Name: _____ Phone: _____

Mailing Address: _____

E-Mail Address: _____

Citizen's Signature: _____

City Contacted by: Phone Letter In Person Taken By: _____

Department Accepting Form: _____

Forwarded to _____ Department for Response within 10 Working Days.

Copy forwarded to: Mayor Administrator Clerk

Department Use Only

Response or Action Taken by Department (required within ten working days): _____

Date Action Taken: _____ By: _____

Citizen Notified by: Writing Phone E-mail Person By: _____

File Original with City Clerk's Office. Ten Working Days to Respond.

Response must be forwarded to: Mayor Administrator Clerk Other: _____