CITY OF SALEM

Resident Problem / Recommendation Reporting

The purpose of this form is to provide guidance to the City Council, Mayor, City employees and residents of Salem for processing and filing issues and/or recommendations.

Please complete the following and print clearly so the City may investigate or take action easily.

Name:	Your Information	
Phone #:	Name:	
If requested, will you attend a City Council meeting to discuss the issue further? Yes No Problem / Recommendation: (Attach additional sheets or documentation, if necessary) (If an incident occurred, please fill out Date, Time & Location) Date:	Address:	
Yes No Problem / Recommendation: (Attach additional sheets or documentation, if necessary) (If an incident occurred, please fill out Date, Time & Location) Date:	Phone #:	(So we may reach you if further explanation is necessary)
Problem / Recommendation: (Attach additional sheets or documentation, if necessary) (If an incident occurred, please fill out Date, Time & Location) Date: Time: Location Signature: Date: *Please file this form with the City Hall Office ONLY. You may drop it off during business hours, in the payment drop box, or mail it to: City of Salem, PO Box 179, Salem, IA 52649* **Office Use Only** Received by: Date Mayor's Signature: Date Follow-Up Completed by: Date Follow-Up Completed by: Date	If requested, will you atte	d a City Council meeting to discuss the issue further?
(If an incident occurred, please fill out Date, Time & Location) Date: Time: Location Signature:	Yes No	
Signature:	Problem / Recommenda	on: (Attach additional sheets or documentation, if necessary)
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Follow-Up Completed by: Date	Received by:	Date
	Mayor's Signature:	Date
	Follow-Up Completed	: Date

Email