

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.

Your Information

Name: _____

Address: _____

Phone #: _____ (So we may reach you if further explanation is necessary)

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:

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 _____

Comments: _____
