

City of Mabton, Washington

Citizen Complaint/Request for Information Form

Account No: _____ Name: _____

Physical Address: _____ City: _____ State: _____ Zip Code: _____

E-Mail Address: _____ Phone Number: _____

() Complaint () Request for Information:

Date Requested: _____ Requested by Signature: _____

OFFICE USE:

Request received by: _____ Date Received: _____

Action Taken:
