

**TOWN OF WILBUR
CITIZEN COMMENT FORM**

DATE: _____

NAME OF CITIZEN: _____

MAILING ADDRESS: _____

PHONE NUMBER: _____

NATURE OF COMMENT:

SIGNATURE OF CITIZEN

WHO DO YOU WISH TO RESPOND TO THIS?

_____ POLICE CHIEF

_____ CITY FOREMAN

_____ CITY CLERK

_____ MAYOR/COUNCIL

_____ NUISANCE DIRECTOR

_____ DO YOU WISH TO HAVE THIS MATTER DISCUSSED AT A
COUNCIL MEETING? **(YOU ARE REQUESTED TO ATTEND)**
PLEASE NOTE THAT ALL PERSONNEL MATTERS ARE
HANDLED IN EXECUTIVE SESSION.

_____ DATE OF COUNCIL MEETING YOU WILL BE ATTENDING

DATE OF TOWN'S RESPONSE: _____

ACTION TAKEN:
