

TOWN OF WILBUR  
CITIZEN COMMENT FORM

DATE: \_\_\_\_\_

NAME OF COMMENTING CITIZEN: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

NATURE OF COMMENT: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF CITIZEN

-----For office use only-----

TOWN RESPONDED ON \_\_\_\_\_ . ACTION TAKEN: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_