



CITY OF YELM
105 Yelm Ave W
Yelm WA 98597
(360) 458-3244
www.ci.yelm.wa.us

OFFICIAL USE ONLY Date Received _____ By _____

CITIZEN ACTION REQUEST

NOTE: Information provided on this request form is subject to public disclosure, and is available to individuals upon request. If you wish to remain anonymous, the City of Yelm reserves the right to not follow-up on the request.

NAME:

PHONE: Home Business

ADDRESS:

MAILING ADDRESS (if different than above):

DATE: _____ **TIME:** _____

SITUATION DESCRIPTION:

(This section contains 19 horizontal lines for describing the situation.)

For City of Yelm Official Use Only:

Routed to: _____ **On:**

Response/Information Given:

Suggested Action to be Taken:

Complaint and suggested action to Dept. Head ____ / ____ /

Action assigned to:

Action to be initiated by ____ / ____ /

Action taken if other than above:

Satisfactorily resolved/Completed on: ____ / ____ /

By: