



CITY OF DONALD

10710 Main Street N.E. • P.O. Box 388 • Donald, OR 97020-0388

Phone 503-678-5543 • Fax 503-678-2750

www.donaldoregon.gov

FEEDBACK FORM

Please check one item below and add comments in space provided.

- | | | |
|---|--|-----------------------------------|
| <input type="checkbox"/> Complaint | <input type="checkbox"/> Suggestion | <input type="checkbox"/> Feedback |
| <input type="checkbox"/> Give recognition | <input type="checkbox"/> Safety alerts | <input type="checkbox"/> Other |

Please note: Donald City Council meets on the second Tuesday of the month. Your comment form will be read into the record. Each speaker is allotted a maximum of three minutes. There may be no decision or action taken at that time. The Council could look into the matter and provide some response in the future.

Comments: _____

Optional Information

Would you like to receive follow-up? Yes No

How would you like to be contacted: Phone Mail Email

Name: _____ Date: _____

Address: _____ Phone: _____

Email: _____

OFFICE USE ONLY

Date Received: _____ City Manager Notes: _____

_____ Date: _____

Mayor Notes: _____

_____ Date: _____

Date Read at Council Meeting: _____ City Council Comments: _____

Action Taken: _____ Date Resolved: _____