



CITY OF DONALD

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www.donaldoregon.gov

FEEDBACK FORM

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

☐ Complaint

☐ Suggestion

☐ Feedback

☐ Give recognition

☐ Safety alerts

☐ 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: _____