

HAINES BOROUGH CITIZEN CONCERN & SUGGESTION FORM

P.O. Box 1209 ◆ 103 Third Avenue S. Haines, Alaska 99827 Ph: 907-766-6400 ◆ Fax: 907-766-2716 www.hainesalaska.gov

loday's Date:				
Your Contact Information – It is the Haines Borough policy to disregard any anonymous comments received, unless such comments are tips regarding health or safety issues. If you would like your health and safety tip to be anonymous, please so indicate but we still need your contact information so we can obtain further information if needed. Name: (first, middle initial, last) (Required)				
Mailing Address: (address, city, state, zip code)(Required) Physical Address: (address, city, state, zip code)(Required)				code)(Required)
Home Phone: (include area code)	Work Phone: (include area c	ode)	Email:	
Concern or Suggestion: Please include as much detail as possible. (Attach additional pages or use the backside of this form, if necessary.)				
How do you suggest the borough address this?				
This is a health and safety concern				
I would like to remain anonymous (only for health and safety concerns)				
Signature				
orginator c				
	For Borough			
Forwarded for Response to/date:			by Borough Clerk:	
Results of Investigation:		Copy to Manage	er/date:	
Action Taken				
Citizen Contacted regarding Res	sults of Investigation:	Returned to Bor	rough Clerk:	
Contacted by	Date			
◆ Action:		Staff Me	ember	Date