

CITYOFDONALD

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.		
☐ Complaint	☐ Suggestion	☐ Feedback
☐ Give recognition	☐ Safety alerts	□ Other
Please note: Feedback Forms must be received by the first Tuesday of the month in order to be read into the record at that month's City Council Meeting. Council may choose not to make a decision or decide on a course of action. Council may choose to look into the matter further and provide a response in the future. The Donald City Council meets on the second Tuesday of the month.		
In the event a complaint results in a citation that you may be subpoenaed to appear as a w		
Comments:		
,		
Optional Information		
Would you like to receive follow-up? Yes How would you like to be contacted: Phone	No 🔲 Mail 🗌 Email 🔲	
Name:	Date:	
Address:	Phone:	
Email:		
OFFICE USE ONLY		
Date Received: City Manage	r Notes:	
		Date:
Mayor Notes:		
		_ Date:
Date Read at Council Meeting:	_ City Council Comments:	
Action Taken:		Date Resolved: