

CITY OF LEWISTON



Lewiston City Hall
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CITIZEN'S COMPLAINT/CONCERN

Date:	To:	
Name:	Phone:	
Address:		
Please indicate below your complaint/concern: (attach extra pages if necessary)		
Office use only		
Date received:	Referred to:	Replied on:
Resolved: Yes No	Pending: Yes No	
Notation:		
By:	Date:	

(Note: Return completed form to City Administrator)