CITY OF HOPKINSVILLE
KENTUCKY

CITIZEN COMMENT FORM

101 N. Main Street
Hopkinsville, KY 42240
887-4000
www.hopkinsvilleky.us

Name (Print) _____ Phone Number _____

Address _____
Street Address (include Apt#) City State Zip

Email Address _____

What kind of comment do you have? € comment € problem € suggestion € praise € question

Write your comment below. Please include the relevant department, dates, times, names, and any applicable background information that will assist in responding to your comment.

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By signing below, I authorize the use of my name and information I provided to process this submission.

_____
Signature Date

FOR STAFF USE ONLY: Please do not write below this line

Intake Staff Name _____ Intake Date _____

Action/Resolution _____

Dates original to CAO _____ & copy _____ to _____ (Staff Name)

Date of initial citizen contact _____ € in person € by phone € by email € by letter

Other Action/Resolution _____

_____

Date completed _____ Contacted € in person € by phone € by email € by letter

Date notified CAO of final resolution _____