



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.

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 _____