

GULF TO BAY COMMUNICATION FORM

NUMBER _____

DATE: _____
ADDRESS: _____
NAME: _____
PHONE: _____
E-MAIL: _____

(check one) COMPLAINT: _____
SUGGESTION: _____
REQUEST: _____
COMMENT: _____
APPEAL: _____

Please include ONLY ONE TOPIC in the space provided below. Please use a NEW FORM for EACH additional TOPIC. If additional space is needed other than the space provided below, please write on the back of this form.

FOR OFFICE USE ONLY:

DATE LOGGED: _____

REFERRED TO: _____ DATE: _____

RESOLUTION:

APPLICANT INFORMED BY: _____ DATE: _____

BY: PHONE, IN PERSON, MAIL

DATE FILED: _____

(Please Circle)