

CITY OF KELSO / ABATEMENT DEPARTMENT
CITIZEN CONCERN FORM

Date of Complaint: _____ **Time of Complaint** **AM** **PM**

Name: _____

Address: _____

Phone Number: _____

Address/Location of Concern: _____

Nature/Description of concern:

City of Kelso Use only:

Received By: _____

Referred To: _____

Action Taken: _____ **Date:** _____