



City and Borough of Sitka

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PUBLIC COMMENT FORM

Compliment

Comment

Complaint

Date: _____

Name: _____

Address: _____

Phone: _____

Email: _____

Statement:

Note: This will be reviewed by the Administrator and forwarded to the appropriate Department for a response.

**For
Office Use
Only**

Referred to: _____

Department: _____

Signed by: _____

Response/date provided (forward to Administrator): _____
