



CITY AND BOROUGH OF SITKA

A COAST GUARD CITY

ADMINISTRATION

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administrator@cityofsitka.org

907-747-1812

PUBLIC COMMENT FORM

This form is used to route your feedback, complaints, or compliments to the appropriate department to improve City services and fulfill our mission. Your ideas and suggestions are appreciated, and all submissions will be reviewed. Thank you for helping to improve the City's ability to serve you.

Compliment

Comment

Complaint

Date: _____ Location (if applicable): _____

Comments/Description:

Please provide your contact information.

First Name: _____ Last Name: _____

Address: _____

Phone: _____ Email: _____

Check if you would like a response.

For Office Use Only

Received by: _____

Department/staff referred to: _____

Date responded: _____