City of Molalla
Public Works Department
Citizen Concern Form

Name of Citizen (Required): _____

Mailing Address (Required): _____

E-Mail: _____

Phone Number: _____

Date & Time Submitted: _____

Street ☐ Water ☐ Sewer ☐ Storm ☐ Parks ☐ Other ☐

NATURE OF THE CONCERN: (Be specific. Note location, date, time, if applicable. Attach additional sheets if necessary)

_____

_____

_____

_____

_____

_____

_____

_____

_____
Signature

**********For Internal Use Only: To be completed by the City of Molalla**********

Date Received: _____

Time Received: _____

Routed / Handled by: _____

Director Review On: _____

Notes: _____

_____