

City of Isleton

101 Second Street

P.O. Box 716 Tel: 916-777-7770 Isleton, California 95641

COMPLAINT FORM

DATE:			
NAME:			
ADDRESS:		CITY:	ZIP:
PHONE: _		EMAIL:	
COMPLAI	NT:		
	(ATTACH ANOTHER SHI	EET FOR SPACE IF I	NEEDED)
	FOR OFFI	CE USE ONLY	
Copies to:	□ City Council	□ Public Works	
	□ City Clerk	□ Planning Director	
	□ Planning Commission	□ Parking Enforcement Officer	
	□ Fire Chief	□ Building Inspecto	r
	□ City Accountant		
	□ Employee(s)	_ □ Isleton Historic P Review Board (II	
	□ City Manager		,
FOLLOW I	U P:		