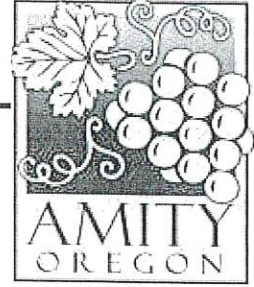


CITY OF AMITY
CITIZENS' COMPLAINT FORM



109 Maddox Avenue
P.O. Box 159
Amity, OR 97101
Ph: (503) 835-3711
Fax: (503) 835-3780

Date: 4/9/24

I, DAYNA BOURASSA wish to make the following complaint:
(Print Name)

- Public Nuisance at _____
- Discourteous or unresponsive city employee _____
- Obstruction of a city street or sidewalk at _____
- Illegal parking _____
- Trailer or RV being used as a residence at _____
- Possible unpermitted construction activity at _____
- Other POTHOLE

Please give a detailed description of your complaint: (use an additional sheet a paper if necessary)

POTHOLE IN CENTER OF JELLISSON AT THE
INTERSECTION OF NURSERY. CENTER OF ROAD
AT STOP SIGN.

The complaint location is critical. If an address is not visible, give clear directions, like, "The vacant lot just north of 123 2nd Street". If the complaint is not visible from the street, please describe where it can be seen. If you are unable to give clear directions, be sure to put your contact phone number on the form so we can call to clarify.

Your name and contact info is not required, but can be very helpful. If the complaint is only visible from private property, we will have to contact you directly to get permission to enter your property to observe the problem. If we are unable to locate the complaint, and are unable to contact you for clarification, the complaint may be closed with no action taken.

I understand that city staff will investigate and take appropriate action.

[Signature]
Complainant Signature

Address: 909 S JELLISSON AVE

Phone: 503 - 753 - 9816

I wish to be contacted by staff as a follow-up

DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE ONLY

Name of supervisor receiving complaint: Angie Binko

Date complaint was given to supervisor: _____

Supervisor Comments:

filled with cold patch

CH

Written By: Name/Title

Date & Time

Additional Info:

pot hole to shallow, cold patch will not last long

Written By: Name/Title

Date & Time

Additional Documents Attached

Copy given to (original on file with recorder):

Mayor City Administrator Police Chief

Date: _____ Emp. Int. _____