



# TOWN OF SOUTH PRAIRIE

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## TOWN ACTION REQUEST

(Complaint Form)

Name

Phone #

Street Address

Mailing Address

Email Address

Issue, Concern or Complaint

Town's Action:

Route to Department

Date

Citizen Notified:

Phone

Mail

Email

Date

*(Please fill in your address information below; so we can notify you of the Town's action).*



Town of South Prairie  
PO Box 870  
South Prairie, WA 98385

RETURN SERVICE REQUESTED

Name

Action Taken

Address