

CCC# _____

City of Airway Heights
1208 S Lundstrom St
Airway Heights WA 99001-9000



COMPLIMENT - COMMENT - COMPLAINT

Please check appropriate box:

↑ Compliment ↑ Complaint ↑ Comment

Office Use Only

DATE STAMP RECEIVED

Property Address: _____

Owners Name: _____

Owner's Phone

Complainant Name: _____

Complainant Phone

OFFICE USE ONLY	Reviewed by: _____	City Manager
Routed to: _____	Office: _____	
Response/Solution: _____		
Date Resolved: _____	Date Complainant Notified: _____	
Resolved by: _____		
Name/Department		

