

DATE \_\_\_\_\_

To The Attention Of \_\_\_\_\_

CITY COUNCIL of Sidney

MAYOR of Sidney  
(check appropriate box)

I/We Would Like to Make the Following:

Suggestion

Complaint

Recommendation

Other (please check appropriate box)

(Please write or print plainly in the space below. Use reverse side of this sheet if needed.)

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\_\_\_ I would like to meet with the Mayor about this.

\_\_\_ I would like to meet with the Council about this.

Name \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_