

City of Weslaco Citizen Comment Form

(Submit to Human Resources Department. Response time within ten (10) working days.)

Date Received:	Response Date:	#
Citizen's Name:	Cell:	Work Ph:
Address:		
Email:		
	Date & Time it	t occurred:
Location of incident:		
- · · · · · · · · · · · · · · · · · · ·	ry Damage □ Pot hole(s) □ Traffic Lights/Signs prcement □ Other:	· · · · · · · · · · · · · · · · · · ·
	n, date & time of occurance, any information or ev	
Witnesses if applicable:		Use back-side if needed.
Witness # 1:	Home Ph:	Work Ph:
Email:	Home Ph:	Work in
Address:		
Witness # 2:	Home Ph:	Work Ph:
Email:		

HR 019 revised 06.04.13

Cont.	
In	ternal Use Only:
Originating Dept.:	
	PD
l	□ WTP □ Billing
Action Taken:	
Print	Department
Signature	Date
Action Taken:	
Print	
	2 opar amont
Signature	 Date
City	Manager's Office:
Action Taken:	
Mike R. Perez	Date