



**City of Coos Bay**  
**Public Works and Community Development**

500 Central Ave., Coos Bay, Oregon 97420  
phone 541-269-8918 www.CoosBay.org

**CITIZEN CONCERN**

**DATE** \_\_\_\_\_

**REPORTING PARTY**

*The Reporting Party will remain anonymous. Contact information is for city staff use only.*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**CONCERN**

**Type of Concern:** *(check all that apply)*

- |  |  |
|--|--|
| <input type="checkbox"/> Accumulation of garbage/junk      | <input type="checkbox"/> Pothole                       |
| <input type="checkbox"/> Animals                           | <input type="checkbox"/> Sewer issue                   |
| <input type="checkbox"/> Brush or vegetation               | <input type="checkbox"/> Sidewalk hazard               |
| <input type="checkbox"/> Construction without permits      | <input type="checkbox"/> Storage in ROW                |
| <input type="checkbox"/> Dangerous or Substandard building | <input type="checkbox"/> Unauthorized work             |
| <input type="checkbox"/> Inoperable or discarded vehicle   | <input type="checkbox"/> Vacant building               |
| <input type="checkbox"/> Land use violation                | <input type="checkbox"/> Vision obstruction            |
| <input type="checkbox"/> Noise                             | <input type="checkbox"/> Other <i>(Describe below)</i> |
| <input type="checkbox"/> Occupied RV/vehicle               |  |

Location: \_\_\_\_\_

Property occupant or owner: \_\_\_\_\_

Duration or date started: \_\_\_\_\_

Description of concern: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_