



CITY OF STANLEY

Witnesses

If there are any witnesses to this event, please provide information on how we may contact them.

Witness #1

Name: _____

Mailing Address: _____

Physical Address: _____

City, State, Zip: _____

Telephone Number: _____

Witness #2

Name: _____

Mailing Address: _____

Physical Address: _____

City, State, Zip: _____

Telephone Number: _____

If there are more witnesses, please provide a list on another page.

Outcome

What would you like to see happen as a resolution in this matter?

Certification

By completing and submitting this form, you certify that the information provided is truthful and accurate to the best of your ability.

Signed: _____ Dated: _____

For Office Use Only

Date Received: __/__/__ Received By: _____ Action Taken: Y / N

Description of Action: _____

Information Passed on to Council: Y / N Date Informed: __/__/__