



CITY OF SALUDA

NORTH CAROLINA

Action Request/Complaint Form

MAYOR
Fred Baisden
CITY MANAGER
Jonathan Cannon
COMMISSIONERS
Mark Oxtoby
Paul C. Marion
Stan Walker
Bob Ross

Date _____

Name _____ Phone # _____

Address _____ City _____ State _____ Zip _____

Email Address _____

___ Request ___ Complaint

Description of Request/Complaint

Signature _____

Office Use Only	Date Received _____	Received By _____
	Action Taken _____	_____
	Action Taken by _____	Date _____