



Community Feedback Form

Snoqualmie Police Department

Brian Lynch
Chief of Police

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www.snoqualmiewa.gov

☐ Compliment

☐ Comment

☐ Complaint

I certify under penalty of perjury under the laws of the State of Washington that all statements made herein are true and accurate.

Name:	<input type="text"/>
Address:	<input type="text"/>
	<input type="text"/>
City/State/Zip:	<input type="text"/>
Phone:	<input type="text"/>
Email:	<input type="text"/>
Signature:	<input type="text"/>
Date:	<input type="text"/>

FOR DEPARTMENT USE ONLY

CITY CONTACTED BY	<input type="checkbox"/> PHONE	<input type="checkbox"/> LETTER	<input type="checkbox"/> IN PERSON	TAKEN BY	<input type="text"/>
DEPARTMENT ACCEPTING FORM	<input type="text"/>				
FORWARDED TO DEPARTMENT	<input type="text"/>				
COPY FORWARDED TO	<input type="checkbox"/> MAYOR	<input type="checkbox"/> CITY ADMINISTRATOR	<input type="checkbox"/> CITY CLERK	<input type="checkbox"/> PD ADMIN	
RESPONSE OR ACTION TAKEN BY DEPARTMENT (REQUIRED WITHIN 5 WORKING DAYS)					
<input type="text"/>					
<input type="text"/>					
DATE ACTION TAKEN	<input type="text"/>		BY	<input type="text"/>	
SUBMITTER NOTIFIED BY	<input type="checkbox"/> PHONE	<input type="checkbox"/> LETTER	<input type="checkbox"/> IN PERSON	BY	<input type="text"/>
RESPONSE FORWARDED TO	<input type="checkbox"/> MAYOR	<input type="checkbox"/> CITY ADMINISTRATOR	<input type="checkbox"/> CITY CLERK	<input type="checkbox"/> PD ADMIN	