



# City of Durham

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## COMMENT FORM

DATE: \_\_\_\_\_

### INFORMATION

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

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

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

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

Comment. You may attach a letter and/or photos.

What action would you like the City to take?

I hereby certify that my comments contain no misrepresentations or falsifications and that the information given is true and complete to the best of my knowledge and belief. I understand that misrepresentation or omission of facts on this form is cause for the City not to pursue the matter. ***The information provided in this form subject to public disclosure in accordance with the Oregon Public Records Law.***

Commenter's signature: \_\_\_\_\_

### FOR CITY USE ONLY:

Received by: \_\_\_\_\_ Date Received: \_\_\_\_\_ Date Contacted: \_\_\_\_\_

Action taken: \_\_\_\_\_ Follow up: \_\_\_\_\_