

**DROP FORM OFF:**  
CITY HALL DROP BOX

**CITY OF HOPE  
SUGGESTIONS FORM**

**MAIL FORM TO:**  
CITY OF HOPE  
PO BOX  
HOPE, ND 58046

**Suggesting Party Details:**

Name \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

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

**Details of the Suggestion(s)**

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Place: \_\_\_\_\_

**PLEASE DESCRIBE YOUR SUGGESTION(S) IN DETAIL:**

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PLEASE BE AWARE SUBMITTED SUGGESTION FORMS DO NOT INDICATE THERE WILL BE ACTION TAKEN. THE CITY COUNCIL  
REVIEWS SUBMITTED FORMS AND WILL TAKE SERIOUS CONSIDERATION OF ALL SUGGESTIONS SUBMITTED.

Suggesting Party Signature: \_\_\_\_\_

**FOR OFFICIAL USE ONLY**

DATE FORM WAS RECEIVED: \_\_\_\_\_

FORM WAS RECEIVED BY: \_\_\_\_\_

FORM BROUGHT TO CITY COUNCIL ON: \_\_\_\_\_

OUTCOME OF SUGGESTION: \_\_\_\_\_

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