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:

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: