THOMPSON, CT	

## TOWN OF THOMPSON

## Citizen Comment Form

Submit comment to:	Selectmens Office Zoning		Wetlands	Building
	Public Works/Transfer Station		Other	 
Name (opt.)		F	Phone (opt.)	
Address* (opt.)				

Date of comment

Please submit your comments to the First Selectman regarding any concerns you may have or have witnessed that the Town should be made aware of. These concerns can include, but are not limited to, possible health hazards (like sanitary sewer overflows, dumping of chemicals, paints or oils onto Town property or discharge of colored or smelly water from storm drains), unsafe road conditions, or comments on the MS4 Stormwater Management Plan. Comment:

Signature (opt.)									
	FC	OR SELECTMEN'S C	FFICE USE ONLY						
* If address is not available - Use Field Card Info or go to: MapGeo.com/ThompsonCT#									
Assessor's Field Card:	Map:	Block:	Lot:	Zone:					
Received By:	Date:	For	warded to:	Date:					
Person reviewing this issue	e:								
Is the Town responsible for addressing this issue? Yes No									
If no, please explain									
If yes, what will be done to address the situation?									
When will this be done?									
Was the Citizen contacted	to resolve issue?		Yes	No					
Who Contacted Them?			Date and Time of Co	ntact:					
If no, please explain									
		FOR SELECTMEN'	S OFFICE USE						
Final Disposition									
Handled By:			Date:						
Return t	o: Selectmen's Offic	e, 815 Riverside Drive,	PO Box 899, North Gr	osvenordale, CT 06255					