TOWN OF THOMPSON
Citizen Comment Form

Submit comment to:  □ First Selectman  □ ZEO  □ Wetlands  □ Building
□ Highway/Transfer Station  □ Other

Name (opt.) ___________________________ 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.) ___________________________

FOR SELECTMEN'S OFFICE 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: ___________________________

Forwarded to: ___________________________  Date: ___________________________

Person reviewing this issue: ___________________________

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 Contact: ___________________________

If no, please explain ___________________________

Final Disposition ___________________________

For Selectmen's Office Use Only

Handled By: ___________________________  Date: ___________________________