



FORM 33_{mw} - Citizen Compliment Form

Citizen Compliment Form

Type of Compliment _____

Compliment Party

Name: _____

Address: _____

Phone: _____

Impressive Party
(if known)

Name: _____

Address: _____

Phone: _____

Narrative: _____

Office Use Only

Date Rec'd: _____

Time Rec'd: _____

Taken by: _____

Log No. _____

Complimenter Signature

Date

This document is subject to the Kansas Open Records Act (K.S.A. 45-215)