

# Report a Concern

## A SUGGESTION PROGRAM

If you have a suggestion, idea or concern, please select from the list below the issue on which you are reporting:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Abandoned Vehicle (768-2530)    | <input type="checkbox"/> Vehicle Title (768-4324)             | <input type="checkbox"/> Sewer (768-7272)        |
| <input type="checkbox"/> Civil Defense Siren             | <input type="checkbox"/> Park or Beach                        | <input type="checkbox"/> Sidewalk                |
| <input type="checkbox"/> Curb or Gutter                  | <input type="checkbox"/> Playground Equipment                 | <input type="checkbox"/> State ID                |
| <input type="checkbox"/> Driver's License Services       | <input type="checkbox"/> Pothole (768-7777)                   | <input type="checkbox"/> Storm Drain             |
| <input type="checkbox"/> Fire Hydrant (748-5000 ext. 1)  | <input type="checkbox"/> Public Restroom                      | <input type="checkbox"/> Street Light (768-5300) |
| <input type="checkbox"/> Vehicle Registration (768-4325) | <input type="checkbox"/> Refuse/Bulky Item Pick-up (768-3200) | <input type="checkbox"/> Street Sign             |
|  | <input type="checkbox"/> Road or Street Condition             | <input type="checkbox"/> Street Tree (971-7151)  |
|  | <input type="checkbox"/> Satellite City Hall                  | <input type="checkbox"/> Traffic Signal          |
|  |   | <input type="checkbox"/> Other: _____            |

Please describe your concern or suggestion and include details that will help us understand: 1) What the issue is, 2) Where it is, 3) When it was observed.

Suggestion or Concern:

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If applicable, please provide the address closest to this location and/or detailed instructions to assist us with finding it:

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Sometimes we need additional information to help us locate or resolve the issue you reported. For this reason we ask that you provide your name and phone number and/or email address so that we may contact you. *Please allow a minimum of ten (10) business days for response from the appropriate department.* We respect your privacy and will keep your contact information confidential.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Date: \_\_\_\_\_

*Mahalo!*