



Delta City
 76 N 200 W
 Delta, UT 84624
 435-864-2759
www.delta.utah.gov

REQUEST FOR REVIEW

Your Information

Last Name	First Name	MI
Mailing Address		
City	State	Zip
Cell Phone	Home Phone	Other Phone
Email Address		

Information to Review

Product, Item, Service	Date(s)
Account #/Location	
Summary	
<input type="checkbox"/> Delta City, Department: <input type="checkbox"/> Billing <input type="checkbox"/> Planning & Zoning/Building <input type="checkbox"/> Water/Sewer/Streets <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other, name and contact: _____	

Details

Please describe the situation you would like reviewed. Please type if possible. If the details will not fit in the box below, please attach it in a separate document.
 Attached as a separate document.

Please attach copies of any documents related to this request. (Contracts, Letters, Emails, Photos, Police Reports, Bids, Proposals.) **DO NOT SEND ORIGINALS**, materials submitted will not be returned. Documents attached:

Resolution Requested

Have you previously contacted anyone about this?
 Yes No If yes, name the most recent contacted Person Name _____ Phone Number _____
 Result of contact:

Do you have an attorney in this case?
 Yes No If yes, name of attorney _____ Phone Number _____

What result would you consider fair?

In filing this, I understand that Delta City is not my private attorney. I further understand that if I have any questions concerning my legal rights or responsibilities, Delta City cannot give me legal advice and I should contact a private attorney. I understand that this form and any materials I provide to Delta City are records under the Utah Government Records Assessment and Management Act are governed by the Act. I hereby give my consent and disclosure of this and attached materials for the purpose related to an investigation by Delta City. The above information is true and accurate to the best of my knowledge and belief.

I understand that my cooperation with the investigation is necessary, and that Delta City may close its investigation without sufficient cooperation.

Signature: _____ Date: _____

FOR OFFICE USE ONLY

Received: _____ by: _____

Actions: