



**City of California City**  
**Citizen Advocate**  
**Contact Form**

This form to notify the “Citizen Advocate” of the City of California City of concerns and to request his/her assistance in resolving specific matters.

**PLEASE TELL US ABOUT YOURSELF**

**Name:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **Email:** \_\_\_\_\_  
**State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_  
**Please describe your concern in detail. Attach additional sheets as necessary.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**What would you consider a fair resolution to this concern?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Consumer Advocate Follow-up:**

Series number: \_\_\_\_\_  
Department Head \_\_\_\_\_ Date \_\_\_\_\_  
Individual/Company \_\_\_\_\_ Date \_\_\_\_\_  
Other \_\_\_\_\_ Date \_\_\_\_\_  
Resolution \_\_\_\_\_

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Reported back to concerned citizen by \_\_\_\_\_  
Date reported \_\_\_\_\_