

Has 311 been called? Yes No

Was there any action taken? Yes No

If yes, what action was taken?

What was their response time? _____

Were any other agencies notified? Yes No If yes, which one(s)? (L&I, LCE, LCB, etc.)

If yes, what action:

What was their response time? _____

How often have you witnessed the above events? (Please circle one)

Once a Day

Several Times a day

Only at Night

All Hours of The Day & Night

Do you have a block Captain? Yes No

If yes, is your block captain here today? Yes No

If no, would you like to be a block captain? Yes No

If no, would you like to nominate someone? Yes No

Who?

Name:

Address:

Phone Number: