

☆☆☆ City of ☆☆☆ NEWCASTLE

| OPPORTUNITY FORM | | | | |
|--|--|---------|---------------|------|
| 422 S. MAIN. P.O. BOX 179. 73065. 405-387-4427 | | | | |
| Citizen Name: | | | | |
| Address: | | | | |
| Phone No.: | | E-mail: | | Fax: |
| CITIZEN CONCERN | | | | |
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| OFFICE USE ONLY | | | | |
| <i>Department:</i> | | | | |
| <i>Department Head:</i> | | | | |
| <i>Employee Assigned to Case:</i> | | | <i>Title:</i> | |
| <i>Phone No.:</i> | | | <i>Fax:</i> | |
| <i>Closing Date:</i> | | | | |
| DEPARTMENT HEAD COMMENTS/ACTION TAKEN: | | | | |
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| Office Use Only: |
| Date Received: _____ |
| Date Closed: _____ |