



SUGGESTION FORM

Your Ideas Count!

Suggestion: _____

I believe my idea will: (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Improve safety | <input type="checkbox"/> Promote community well being |
| <input type="checkbox"/> Reduce cost | <input type="checkbox"/> Improve quality |
| <input type="checkbox"/> Prevent waste | <input type="checkbox"/> Improve service |
| <input type="checkbox"/> Other (specify) _____ | |

Submitted by: _____ Date: _____

Contact information: _____

*If you prefer to remain anonymous, do not write your name but please include the date.

Please return form to: Coquille Indian Housing Authority
2678 Mexeye Loop
Coos Bay, OR 97420
(541) 888-8266 Fax

*Thank you for taking the time to let us know how we can
work together to improve our community!*