

# Town of Perdido Beach Comments and Concerns

\_\_\_\_\_  
DATE

\_\_\_\_\_  
YOUR NAME (Optional)

\_\_\_\_\_  
STREET# STREET TOWN STATE ZIP  
**YOUR ADDRESS**

\_\_\_\_\_  
EMAIL ADDRESS PRIMARY AND ALTERNATE PHONE

.....  
\_\_\_\_\_  
STREET # STREET TOWN STATE ZIP  
**PHYSICAL ADDRESS OF PROPERTY CONCERN**

**ARE YOU THE OWNER** YES  NO  (Please Explain)

DESCRIBE YOUR CONCERNS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
YOUR SIGNATURE (Optional) DATE

\_\_\_\_\_  
FORM RECEIVED BY TOWN CLERK

YOU MAY MAIL, EMAIL OR FAX THE FILLED OUT FORM TO:  
9212 CO RD 97-PERDIDO BEACH, AL 36530  
OR FAX TO (251) 962-2206.  
OFFICE PHONE (251) 962-2200  
[CLERK@TOWNOFPERDIDOBACH.ORG](mailto:CLERK@TOWNOFPERDIDOBACH.ORG)

USE ADDITIONAL SHEETS IF NECESSARY