

WILSON COUNTY

Security/Privacy Policy Feedback

First Name		Last Name	
Home Phone ()		Work Phone ()	
Street Address		City	
State	Zip	Email Address	
Are you filing this for someone else?		Yes _____	No _____
If yes, who are your filing for?			
First Name		Last Name	

Is this a request for information _____, comment _____, complaint _____?

Please describe below the nature of your request. Please be as specific as possible if describing events - provide Department, staff member name (if known), dates, etc. Attach additional pages if needed.

Please sign and date this form.

Signature	Date
-----------	------

Mail this form to:
 Wilson County Security Officer
 PO Box 1401
 Wilson, NC 27894-1401

