SECTION 5 Desired Response: (Choose one): _____ In Person _____ Email Response _____ Telephone Response _____ Response By U.S. Postal Mail You may attach any written materials or other information that you think is relevant to your complaint. I believe the above information is true and correct to the best of my knowledge. Signature and date required below: Signature Printed Name Date

Please submit this form in person or mail to the address below:

Adams County Senior Citizens Council, Inc. ATTN: Mary Stout, Executive Director 10835 State Route 41 South West Union, Ohio 45693