

CITY OF HASTINGS

SOLID WASTE DEPARTMENT  
HASTINGS, NEBRASKA  
68901



*Solid Waste Department  
Opinion/Comment Form*

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

State your comment, concern or issue so we may better serve  
you: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe your proposed solution or  
suggestion: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE RETURN TO:**

City of Hastings Solid Waste Department  
Attention: Jack Newlun  
P.O. Box 1085  
Hastings, NE 68902  
Email: [jnewlun@cityofhastings.org](mailto:jnewlun@cityofhastings.org) Fax: (402)463-0702