

CITY OF CLEARWATER
CITIZEN CONCERN FORM

Please select the area of concern:

- | | |
|--|---|
| <input type="checkbox"/> City Staff | <input type="checkbox"/> Streets |
| <input type="checkbox"/> City Hall | <input type="checkbox"/> Parks |
| <input type="checkbox"/> Public Works | Specify Park _____ |
| <input type="checkbox"/> Fire Department | <input type="checkbox"/> Public Utilities |
| <input type="checkbox"/> City Consultant | Circle: Water/Sewer/Storm Sewer |
- Private Property – Specify Address _____
- Zoning/Land Use
- Nuisance (please specify) _____
- Other (please specify) _____

Please explain your concern in detail:

All personal information will be kept strictly confidential pursuant to MN Statutes § 13.44

Name _____ Phone _____

Address _____

Signature of Citizen _____ Date _____

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Office Use Only

Concern # _____ Date Received _____

Action Taken _____

PLEASE RETURN COMPLETED FORM TO CITY HALL