



CITIZEN CONCERN FORM

Please select the area of concern:

- City Staff
- City Hall
- Public Works
- Fire Department
- City Consultant
- Streets
- Parks
- Specify Park _____
- Public Utilities
- Select: 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 _____

Office Use Only

Concern #: _____ Date Received: _____

Action Taken: _____

PLEASE RETURN COMPLETED FORM TO CITY HALL

E-mail: asmythe@clearwatercity.com

In-Person or Dropbox (located in parking lot): City Hall, 605 County Rd 75 NW, Clearwater, MN 55320

Mail: PO Box 9, Clearwater, MN 55320

Contact us: 320-558-2428 | clearwatercity.com | Mon-Thurs 8:00am-4:30pm