



## CITIZEN CONCERN FORM

### Concern Details

**Please select the area of concern:**

- City Staff                      Please Specify: \_\_\_\_\_
- City Consultant
- Parks                              Park Name: \_\_\_\_\_
- Private Property              Address: \_\_\_\_\_
- Public Utilities
- Streets
- Other

**Please explain your concern in detail:** \_\_\_\_\_

### Contact Information of Person Filing Form

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

**Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

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

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**Please submit completed forms and payments to City Hall:**

Email to [asmythe@clearwatercity.com](mailto:asmythe@clearwatercity.com) or

Mail to PO Box 9, Clearwater, MN 55320 or

In person at 605 Cty Rd 75 NW, Clearwater MN 55320 or drop box in rear parking lot

FOR CITY USE ONLY

Concern # \_\_\_\_\_

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

Action Taken: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_