



Silver Lake

Community of Family and History

CITIZEN CONCERN FORM

Please select the area related to the concern and return the completed form to City Hall:

- City Staff
- Property Owner
- Municipal Liquor Store
- Zoning/Land Use
- Police Services
- Nuisance (please specify) _____
- Other (please specify) _____
- Fire Department/Ambulance
- City Parks
- Public Utilities (Water, Sewer)
- Storm Sewer, Streets

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

Name: _____ Phone: _____

Email: _____

Address: _____

Please outline the concern:

Signature of Citizen: _____

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Office Use Only

Concern # _____

Employee Handling Concern: _____ Date Received: _____

Action Taken: _____
