



# 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:

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Signature of Citizen:

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**Office Use Only** **Concern #**

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Employee Handling Concern: \_\_\_\_\_ Date Received: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_