



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:

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

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: _____
