

**CITY OF VERGAS
CITIZEN CONCERN FORM**

Please select the area in which this concern involves:

- | | |
|--|---|
| <input type="checkbox"/> City Staff | <input type="checkbox"/> City Parks |
| <input type="checkbox"/> Property Owner | <input type="checkbox"/> Public Utilities (Water, Sewer) |
| <input type="checkbox"/> Liquor Store | <input type="checkbox"/> Sanitary Sewer, Storm Sewer, Streets |
| <input type="checkbox"/> Zoning/Land Use | |
| <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
(If no follow up is required – name/phone/address may be omitted)*

Name _____ Phone _____
Address _____

Please indicate below the concern:

Signature of Citizen _____

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Office Use Only **Concern #** _____

Employee Handling the Concern _____ **Date Received** _____

Action Taken _____

Please return completed form to the City Clerk's Office