

**CITY OF LONGVILLE  
CITIZEN CONCERN FORM**

Please select the area in which this concern involves:

- |  |  |
|--|--|
| <input type="checkbox"/> City Staff                      | <input type="checkbox"/> Streets                     |
| <input type="checkbox"/> Property Owner                  | <input type="checkbox"/> City Parks                  |
| <input type="checkbox"/> Liquor Store/Docksider          | <input type="checkbox"/> Police Dept                 |
| <input type="checkbox"/> Zoning/Land Use                 | <input type="checkbox"/> Sanitary Sewer, Storm Sewer |
| <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 \_\_\_\_\_

Address \_\_\_\_\_

Please indicate below the concern:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Citizen \_\_\_\_\_

.....

**Office Use Only** **Concern #** \_\_\_\_\_

Employee Handling the Concern \_\_\_\_\_ Date Received \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_