



CITY OF WYKOFF 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, Beach Area |
| <input type="checkbox"/> Public Utilities (Water, Sewer) | <input type="checkbox"/> Sanitary Sewer, Storm Sewer |
| <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

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 _____
