

CITY OF WATSON
CITIZEN CONCERN/SUGGESTION FORM

Please select the area in which this concern involves:

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

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 _____

PLEASE RETURN COMPLETED FORM TO THE CITY CLERK'S OFFICE