Citizen's Complaint/Concern

City of Madison, MN 320-598-7373

(NOTE: Return completed form to City Hall)

DATE:	
YOUR INFORMATION	PROPERTY OF CONCERN
NAME:	NAME:
ADDRESS:	ADDRESS:
PHONE:	PHONE:
EMAIL:	
PLEASE INDICATE BELOW YOUR COMPLAINT/CO	ONCERN/ORDINANCE VIOLATION:
of real property is confidential data. This classifie	out a violation of law or ordinance concerning the use cation is used to shield the identity of an individual who who might seek retribution against the complainant. e will not include complainants name.
*City will follow-up or reply to only ordinance vio	plations and public safety hazards.
*A reply will be given within 7 business days of re	eceiving this form.
*City will not get involved in civil matters between	en property owners.
SURPRISED.	CE USE ONLY OFFICE USE ONLY OFFICE USE ONLY
REPLIED ON:	
RESOLVED: YES NO	
PENDING: YES NO OTHER NOTES:	
By:	
Date:	