



CITY OF DASSEL
CITIZEN CONCERN FORM

Please select the area of concern:

- | | |
|---|---|
| <input type="checkbox"/> City Staff | <input type="checkbox"/> Streets |
| <input type="checkbox"/> City Hall | <input type="checkbox"/> Parks (<i>Park name</i>)_____ |
| <input type="checkbox"/> Public Works | <input type="checkbox"/> Museum |
| <input type="checkbox"/> Fire Department | <input type="checkbox"/> Public Utilities (<i>water/sewer/storm sewer</i>)_____ |
| <input type="checkbox"/> Private Property (<i>Specify address</i>)_____ | |
| <input type="checkbox"/> Zoning/Land Use _____ | |
| <input type="checkbox"/> Nuisance (<i>Be specific</i>)_____ | |
| <input type="checkbox"/> Other (<i>Be specific</i>)_____ | |

Please explain your concern:

All personal information will be kept strictly confidential pursuant to MN Statutes § 13.44

Name _____ Phone _____

Street Address _____

Mailing Address if different _____

Signature of Citizen _____



Staff Use Only

Concern # _____ Date Received _____

Action Taken _____

**PLEASE RETURN COMPLETED FORM TO
DASSEL CITY HALL, 460 THIRD STREET**