

*****COMPLAINT FORM*****

RESIDENT INFORMATION:

NAME

HOME TELEPHONE NUMBER

STREET ADDRESS & MAILING ADDRESS (if different)

WORK TELEPHONE NUMBER

CITY / STATE / ZIP

COMPLAINT:

SIGNATURES:

I understand this complaint form will be presented at the next regular Cando City Council meeting for the Cando City Council to address.

RESIDENT SIGNATURE

DATE

X

RECEIVED BY

DATE

X

ACTION TAKEN: