

The City of Grand Mound

"There's No Place like Home"

P.O. Box 206; 615 Sunnyside Street

Grand Mound, IA 52751

1-563-847-2190 (Phone & Fax)

GmCity@Gmtel.net

www.cityofgrandmound.org

COMPLAINT/REQUEST FORM

Your Name: _____

Mailing Address: _____

E-mail Address: _____

Phone Number: _____

State your complaint/request: Please include the name, and, or address of the property you are referring to if this is a complaint. Please be as specific as possible, including any evidence you may have to support your complaint.

Please explain how you believe this should be resolved:

If required, will you attend a court hearing to testify to the statements made on this form? Yes ___ No ___ . If requested, will you attend a Council Meeting to explain your request/complaint? Yes ___ No ___

Signature _____ **Date** _____

All complaints must be signed and dated to be considered valid

For Office Use Only: Copy given to the Nuisance Committee _____