

CITY OF GRAND MOUND

615 Sunnyside St. P.O. Box 206

Grand Mound, IA 52751

1-563-847-2190

gmcity@gmtel.net

CITIZEN INPUT FORM

Please complete the following information, so that the City of Grand Mound may properly address your input. Please **print** clearly.

(The information contained in this form is a matter of public record as defined in Chapter 22 of the Code of Iowa)

Your Name: _____

Your Mailing Address: _____

Your Phone #: _____

State your request/complaint/suggestion: Please include the name, and, or address of the property you are referring to if this is a complaint.

Please explain how you feel this should be resolved:

If requested, will you attend a City Council meeting to explain your item?

Yes ___ No ___

Signature: _____ Date: _____

All complaints must be signed & dated to be considered valid

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For Office Use Only:

Copy given to the Mayor ___ Council ___ Public Works ___

Addressed At Council Meeting ___ (Yes) ___ (No)

Action taken: _____

A Response sent to the Citizen who completed the form?: _____