

City of Grand Mound  
Complaint Appeal Form

**Appellant Information:**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Property location: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: (optional): \_\_\_\_\_

Please provide details of the appeal request and any special circumstances that may need to be considered regarding the complaint received:

\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_

Signature of appellant: \_\_\_\_\_ Date \_\_\_\_\_

\*All appeals must be signed and dated to be considered valid\*

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(Office Use Only)

Appeal added to the City Council Meeting agenda on \_\_\_\_\_

Complaint is found by Council to be : Valid \_\_\_\_ Invalid \_\_\_\_ Corrected \_\_\_\_