



Phone (701) 362-7544

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\*\*\*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 Glenburn City Council meeting for the Glenburn City Council to address.

RESIDENT SIGNATURE

DATE

X

RECEIVED BY

DATE

X