

City Of Burt

119 Walnut Street, PO BOX 197
Burt, Iowa 50522-0197

Office: (515)924-3618

Fax: (515)924-3860

cityclerk@burtiowa.com

Office of Mayor and City Council

Citizen Complaint Form

Please complete the following information so that the City can investigate your complaint. If the City finds that your complaint is appropriate the information contained on this form will be used to properly fill out the abatement notice. Please print clearly. Any from without a name will be dismissed without investigation.

Date _____

Name _____

Address _____ Phone Number _____

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

Yes _____ No _____

Nature of Complaint: (include the date, time, place, and facts of your complaint)

Explain how you feel the complaint should be resolved:

Should a citation be issued, you will be required to testify to the above complaint in a Court of Law. Do you agree to so testify? Yes ___ No ___ (The City is unlikely to prevail in court without witnesses. If you check "No" it is unlikely the City Attorney will approve issuing a citation to enforce the code.)

Signature _____ Date _____

All complaints must be signed and dated to be considered valid.

City Hall Office Use Only:

Received by: _____ Date: _____

Mayor's Signature: _____ Date: _____

Comments: _____
