

City Of Burt

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

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Office of Mayor and City Council

Citizen Concern

Please complete the following information so that the city can investigate your concern. If the City finds that your concern is appropriate the information contained on this form will be used to properly handled. Please print clearly. Any form 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 concern?

Yes _____ No _____

Nature of Concern: (include the date, time, place, and facts of your concern)

Should a citation be issued, you will be required to testify to the above complaint in a Court of Law. Do you agree to 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 concerns must be signed and dated to be considered valid

City Hall Office Use Only:	
Received by: _____	Date: _____
Mayor's Signature: _____	Date: _____
Comments: _____	
