CITY OF POSTVILLE 147 N. Lawler St. P.O. Box 242

Postville, IA 52162Phone: 563-864-7454 Fax: 563-864-7407 E-mail: postcityclerk@netins.net Web site: www.cityofpostville.com

<u>Citizen Complaint/Request Form</u>

Please complete the following information so that the City can properly fill out the abatement notice to send to property owner to which nuisance is located. Please print clearly.

Date:		
Name:		
Address	Phone	
Would you like to attend a	a City Council meeting? Yes No	
Nature of complaint/reque	est:	
Explain how you feel the	complaint/request should be resolved:	
Explain non you look inc.	sompland oquoti oncala so receivou.	
Should a citation be issue	ed, will you be willing to testify to the above co	mplaint in a Court of Law?
Signature	D	ate
All complaints must be signed a	and dated to be considered valid.	
Received by	D	ate
Heceived by		