CITY OF COLLINS, IOWA
212 MAIN STREET, PO BOX 15, COLLINS, IOWA 50055
641-385-2205
COLLINSCLERK12@YAHOO.COM

COMPLAINT/CONCERN/REQUEST FORM

Name_____

Address_____

Phone #_____

Email _____

Would you like this matter to be placed on City Council Agenda? Yes_____ No_____

Nature of
Complaint/Concern/Request_____
_____
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All forms must be signed and dated to be considered valid.

Signature_____ Date_____

Received by: _____ Date received: _____