CITY OF COLLINS, IOWA
212 MAIN STREET, PO BOX 15, COLLINS, IOWA 50055
641-385-2205
cityofcollinsia@gmail.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:_____