City of Fifty Lakes Citizen Complaint Form

Please select the area in which this cor	aplaint concerns:		
Property Owner	Zoning / Land Use	Zoning / Land Use	
City Hall / City Staff	Road & Maintenance	Road & Maintenance Department	
Parks	Liquor Store	Liquor Store	
Fire & Rescue Department	Other (please specify	Other (please specify)	
Notice under the Minnesota Government Date on this form to help investigate the complaint City clerk or the person who is investigating t personal information including your phone me the results. Anonymous complains will not be information are classified as "confidential das subdivision 1 and MN Statute 13.02, subdivision	and inform you of the results. The da ne complaint on behalf of the City. Yo mber and address, but this may preve considered valid and action will not l a" and will not be made public in ac	ta from this form will be used by the bou are not required to provide any cent the City from informing you of the taken. Your name and personal	
Name:	Phone:		
Address: Please indicate below your complaint	or concern:		
Signature of Complainant:	Date	Date: c data unless it concerns a violation of law relating to the use of real	
property or is otherwise protected by the Min	nesota Data Practices Act.		
Office Use Only			
Date Received:Action Taken:			
Date of Response to Complainant:			
Date Given to City Council:			

PLEASE RETURN COMPLETED FORM TO CITY CLERK'S OFFICE PO Box 125, Fifty Lakes MN 56447 * e-mail: 50lakes@emilv.net * fax: 218-763-5113