CITY OF PAGE
PO Box 62
Page, ND 58064

CITIZEN CONCERN / COMPLAINT FORM

RESIDENT INFORMATION:	
NAME	HOME TELEPHONE NUMBER
STREET ADDRESS & MAILING ADDRESS (if different)	WORK TELEPHONE NUMBER
CITY / STATE / ZIP	E-MAIL ADDRESS

CONCERN or COMPLAINT:

SIGNATURES:	
I understand this complaint form will be presented at the next regular Page City Council meeting for the City Council to address.	
RESIDENT SIGNATURE X	DATE
RECEIVED BY X	DATE