GLENBURN

We're on the way!

Phone (701) 362-7544 Fax (701) 362-7509

COMPLAINT FORM

RESIDENT INFORMATION:

NAME	HOME TELEPHONE NUMBER
STREET ADDRESS & MAILING ADDRESS (if different)	WORK TELEPHONE NUMBER
CITY / STATE / ZIP	

COMPLAINT:

SIGNATURES:

I understand this complaint form will be presented at the next regular Glenburn City Council meeting for the Glenburn City Council to address.

RESIDENT SIGNATURE	DATE
X	
RECEIVED BY	DATE
X	