

CITY OF KINDRED

PO Box 158
Kindred, ND 58051

CITIZEN CONCERN / COMPLAINT FORM

RESIDENT INFORMATION:	
Name	Phone #
Address	Work #
Email Address	
CONCERN or COMPLAINT:	
SIGNATURES:	
I understand this concern/complaint form will be presented at the next regular Kindred council meeting for the city council to address.	
RESIDENT SIGNATURE X	DATE
RECEIVED BY X	DATE

Fill out the form and return it to the city office by the last Wednesday of the month. City Council meetings are the 1st Wednesday of the month at 7pm.