

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	DATE
X	
RECEIVED BY	DATE
X	

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.