**City of Vernon Center**

**P.O. Box 385**

**Vernon Center, MN 56090**

**Citizen Concern or Suggestion Form**

In order for the City of Vernon Center to address your concern or suggestion, you must provide the following information and sign & date this form. Upon submission of this completed form, you may be required to attend a meeting of the Vernon Center City Council to discuss the matter. A copy of this form will be provided to each member of the Vernon Center City Council and to the Blue Earth County Sheriff department if it is a law enforcement related issue. All laws pursuant with the Minnesota Government Data Practices Act will be followed regarding the release of this form to the public and who the person is submitting the form.

Printed Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone/Cell Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe the nature of your concern or suggestion and how you would like the matter addressed:

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Received By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Next City Council Meeting Date: \_\_\_\_\_\_\_\_\_