



**CITIZEN CONCERN FORM**

Please return to:  
City Hall  
1009 Lincoln Ave West  
Olivia, MN 56277

**Complainant Information**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Email: \_\_\_\_\_

**Property Address** (MUST have address if addressing real estate nuisances)

\_\_\_\_\_

\_\_\_\_\_

**Concern** (Be as specific as possible)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**All personal information will be kept strictly confidential. If the concern addresses real estate nuisance(s), complaint MUST include property address or complaint will not be accepted or addressed.**

*Office Use Only*

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

Concern #: \_\_\_\_\_

**Direct to Appropriate Department:**

- Public Works       Police Department       Planning & Zoning/Code Enforcement
- Water/Sewer       Liquor Store       Mayor/City Council/City Administrator
- Electric       Library       Other: \_\_\_\_\_

Action: \_\_\_\_\_

Inspection Date: \_\_\_\_\_

RESOLVED YES / NO

Initials: \_\_\_\_\_