

CITY OF SPRINGVILLE

PO Box 347, Springville, Iowa 52336
Phone # 319-854-6428

WEBSITE: <http://www.ci.springville.ia.us/> EMAIL: cityofsp@net.ins

CITIZEN CONCERN FORM

Please complete the following information so that the City can properly investigate and determine if a nuisance exists and the property owner in question needs to be served with a nuisance abatement notice.

Name _____

Date _____

Address _____

Phone #: _____

How Notified _____

Nature of Concern: (Please include as much detail as possible including location, dates, time, witnesses, etc... Try to be brief, but be sure to tell **WHAT** happened and **WHERE** it happened. You may use additional sheets if necessary. Please print or type clearly.

Explain how citizen feels the concern should be resolved:

Date

Signature

Office Response ▼

Date Action Taken _____

Addressed at a City Meeting: Yes _____ No _____ Date _____

Action Taken to Resolve Complaint:

Handled by: _____

Date: _____

Time: _____