

CITY OF AFTON
115 E. Kansas, P. O. Box 199
Afton, IA 50830
(641) 347-5224, Fax: (641) 347-5297

CITIZEN'S INPUT FORM

Please complete the following information so that the City may properly address

Date: _____

Name: _____

Address: _____ Phone Number: _____

State your issue/comment/request/complaint/suggestion:

Please explain how you feel this should be resolved:

Signature: _____ Date: _____

All complaints must be signed and dated to be considered valid.

.....
CC: ☐ Mayor ☐ Council ☐ City Clerk ☐ Other: _____ Date _____

Addressed at Council Meeting? ☐ Yes ☐ No

Response to Citizen? ☐ Yes ☐ No If so, when: _____ How? _____