

ITEM OF CONCERN/ REQUEST FOR INFORMATION

Name: _____ Date: _____

Address/Location of Concern: _____

Phone Number _____

What would you like to know more about? Do you have a concern? What specific information are you requesting? Please explain below:

Who would you like to follow-up with action?

- | | |
|--|---|
| <input type="checkbox"/> Mayor | <input type="checkbox"/> Library Director |
| <input type="checkbox"/> City Council Member | <input type="checkbox"/> Park and Recreation Director |
| <input type="checkbox"/> City Attorney | <input type="checkbox"/> Planning and Zoning Official |
| <input type="checkbox"/> City Administrator | <input type="checkbox"/> PSD/Police Chief |
| <input type="checkbox"/> City Clerk | <input type="checkbox"/> Director of Fire and EMS |
| <input type="checkbox"/> City Engineer | <input type="checkbox"/> Utility Billing Clerk |
| <input type="checkbox"/> Public Works Director (Streets, Water and Wastewater) | |

What follow-up action would you like to see done? Your call returned? Please explain below:

Return to: City Clerk, 1209 6th Street, PO Box 530, Nevada IA 50201

For Staff use only

Filed with Department Director or Custodian of Records

Date Received: _____ Date Due: _____

Date action was taken: _____ Cost for Copies: _____

What action was take: _____

By which Department: _____

Supervisor's Signature _____