City of Sawyer
CONCERN/COMPLAINT FORM

To submit a concern, complaint or a violation of an ordinance:

1. Please complete this form in its entirety. Be very detailed about your concern/complaint or the violation. If the form is incomplete or vague the complaint will be returned for further information to understand the complaint and/or violation.
2. Complaint form must be signed, dated and submitted to the Sawyer City Office. A signed/submitted complaint form will be brought to the City Council for review. An unsigned complaint will be notated, but no formal action by the Sawyer City Council will be made.

Complaint or Concern Type:_____

Owner/Offender Name:_____

Address:_____

City, State, Zip _____ Phone _____

Detailed Description: _____

_____

_____

_____

_____

Complainant Name: _____

Address:_____

City, State, Zip _____ Phone _____

(Additional Complainants may sign on the back of this form)

_____ _____

Complainant Signature Date

DO NOT WRITE IN THE SECTION BELOW.

Date Complaint received_____Date reviewed by City Council_____

Action by City Council: _____

_____

_____

Date Action Taken _____

Signature & Title of City Official _____

Complainant Name: _____

Address: _____

City, State, Zip _____ Phone _____

Complainant Name: _____

Address: _____

City, State, Zip _____ Phone _____

Complainant Name: _____

Address: _____

City, State, Zip _____ Phone _____

Complainant Name: _____

Address: _____

City, State, Zip _____ Phone _____

Complainant Name: _____

Address: _____

City, State, Zip _____ Phone _____