
CITY OF CASCADE

320 1st Avenue West
P.O. Box 400
Cascade, IA 52033
Phone 563-852-3114
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CITIZEN CONCERN/COMPLAINT FORM

Please complete the following information so that the City can properly assess and manage the issue and/or file an abatement notice to property owner where the nuisance is located. Please print clearly.

Briefly state your concern/complaint: _____

(Complete if applicable) When did issue occur? Date: _____ Time: _____ a.m. / p.m.

Explain how you feel this should be resolved: _____

Witnesses: _____

Will you attend a City Council meeting? _____ Yes _____ No

Should a citation be issued, will you be willing to testify to the above in a Court of Law? _____ Yes _____ No

Signature _____ Date _____

Print Name _____ Phone _____

Street & Mailing Address _____

City _____ State _____ Zip _____ Additional Phone _____

For Office Use Only:

Received by: _____ Date _____ Time _____

cc: _____ Mayor, _____ Council, _____ City Administrator, _____ Utility Manager, _____ Police Dept, _____ City Attorney, _____ Other

Addressed at Council Meeting? _____ No _____ Yes – Date of Meeting _____

Response to Citizen? _____ No _____ Yes – If so When? _____ How? _____