

Phone: 563-941-7705
Fax: 563-941-5870



P.O. Box 310,
501 Main Street
Lowden, Iowa. 52255

CITIZEN COMPLAINT FORM

Please complete the following form, so that the City can investigate your complaint. All complaints must be signed and dated to be considered valid. Please print clearly.

Completed forms can be dropped off at City Hall, City Clerk's office or mailed to City of Lowden, P.O. Box 310, Lowden, IA. 52255.

NAME: _____ DATE: _____

ADDRESS: _____ PHONE #: _____

If requested, will you attend a City Council meeting to explain your complaint? YES ___ NO ___

Nature of Complaint: (include the date, time, address and facts of your complaint) _____

Explain how you feel the complaint should be resolved: _____

Should a simple notice not suffice and a citation is issued, you may be required to testify to the above complaint in a Court of Law. Do you agree to testify? YES ___ NO ___ If you check No it is possible that the City will not take any action on your complaint.

Citizens Signature: _____