

**City of Kandiyohi**

432 N Atlantic Avenue

PO Box 276

Kandiyohi, MN 56251

Phone: 320-382-6110

Email:cityofkandiyohi@gmail.com

**ORDINANCE VIOLATION COMPLAINT FORM**

DATE: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ or Email: \_\_\_\_\_

**Please indicate below your complaint/concern:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Address of the Property Where the Issue is: \_\_\_\_\_

\_\_\_\_\_

**Do you wish to be notified of the action decided on by the City Council of Kandiyohi?**

YES: \_\_\_\_\_ NO: \_\_\_\_\_

**A reply will be given within 10 days of receiving this form.**

\*\*\*The identity of a person making a complaint about a violation of law or ordinance concerning the use of real property is confidential data. This classification is used to shield the identity of an individual who complains to a government agency from anyone who might seek retribution against the complainant.

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**OFFICE USE ONLY**

Date Received: \_\_\_\_\_ Referred to: \_\_\_\_\_ Replied on: \_\_\_\_\_

Ordinance Violated: \_\_\_\_\_ Resolved: *Yes No* Pending: *Yes No*

*(NOTE: Return completed form to City Clerk/Treasurer)*