

CITY OF NORWAY

PO BOX 70

NORWAY, IA 52318

norwaych@southslope.net

COMPLAINT FORM

Please print:

Name _____

Address _____

Phone # _____

Would you like to attend a City Council meeting? Yes _____ No _____

Nature of complaint _____

All complaints must be signed and dated to be considered valid. Forms may be sent or emailed to the above address.

Signature _____ Date _____

_____ Date received: _____

Received by