## CITY OF BUFFALO PO Box 126 – 409 Main St Buffalo, ND 58011

## \*\*\*CITIZEN CONCERN / COMPLAINT FORM\*\*\*

RESIDENT INFORMATION:	
NAME	HOME TELEPHONE NUMBER
STREET ADDRESS & MAILING ADDRESS (if different)	WORK TELEPHONE NUMBER
CITY / STATE / ZIP	E-MAIL ADDRESS
CONCERN or COMPLAINT:	
SIGNATURES:	
I understand this complaint form will be presented at the next regular Buffalo City Council meeting for the City Council to address.	
RESIDENT SIGNATURE X	DATE
RECEIVED BY X	DATE