



City of Aurora  
16 West 2nd Avenue North  
PO Box 160  
Aurora MN 55705  
Phone 218-229-2614  
Fax 218-229-3198

### CONCERN/REQUEST FORM

Date \_\_\_\_\_ Time \_\_\_\_\_

Registered by \_\_\_\_\_

Address \_\_\_\_\_

City State Zip \_\_\_\_\_

Phone \_\_\_\_\_ (primary) \_\_\_\_\_ (alternate)

Describe Your Concern/Request \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_

.....  
**FOR OFFICE USE ONLY**

Received by \_\_\_\_\_  
(Staff Representative)

Referred to \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_

Action Taken \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

By \_\_\_\_\_ Date \_\_\_\_\_  
(Signature)