CITIZEN COMPLAINT FORM ARNA TOWNSHIP

NAME:	SIGNATURE:			
ADDRESS:				
CITY, STATE, ZIP:				
PHONE NUMBER:	DATE:			
Information regarding the source of confidentially. Complaints will be Meetings are normally held quarted the Arna Town Hall. You will be constead, but remember, meetings as asy.	addressed at the nexterly, on the first Wedn ontacted prior to the n	regular meeting esday of January ext meeting in o	g of the Planni v, April, July, a order that you	ing Commission. and October, at 6 PM, at have the opportunity to
The Arna Planning Commission's jo short, we seek feedback from the covering problem areas such stray use of weapons, drug use, and so t the Planning Commission has no a	public over topics that animal problems, tras forth. Although other	t are relevant to sh problems, noi types of probler	our zoning or sy parties late	nuisance ordinances, e at night, the dangerous
Complaint is about: [] Nuisance,	[] Hazard, or [] Zonii	ng (explain belov	w)	
Location of the problem:				
In order to assist the township in a about the nature of the problem. may have. Actual proof of a situat	Attach additional pag	es, photographs,	or other sup	porting information you
				_
Submit this form to: Arna Township Zoning Administra 47196 Witt Lane Markville, MN 55072		ne: (320) 242-32 il: arnatech@sir		
RECEIVED BY:	DATE:	NUMBER:		
Letter sent on about	the next meeting dat	e: Yes	No	