

## CITY OF LEOTI

Council Meeting 1<sup>st</sup> & 3<sup>rd</sup> Monday – 6:30 p.m.

## **Citizen Complaint and Request Form**

First Name:		Last Name:	
Address:	<del></del>		
City:	State:		Zip Code:
Phone Number:		Email Address:	
Details of Complaint or Request:			
	<del></del>		
	<del></del>		
I hereby certify that the statemen understand that making a false st			he best of my knowledge. Further I
Signature of Complainant:		Date:	<del></del>
CITY USE ONLY DO NOT MARI	ζ		
Received by:		Date and Time:	
Comments/Observations:		Date Investigation	Opened:
		Date Investigation	Closed:
Action to be taken:		Corrected	Citation  Other

Office: (620) 375-2341
Fax: (620) 375-2416
E-mail: cityofleoti@wbsnet.org
Website: www.leotikansas.org