

P.O. Box 457
Hector, MN 55342-0457
Voice: 320-848-2122
Fax: 320-848-6582



CITY OF HECTOR PUBLIC COMPLAINT FORM

Name: _____

Address: _____

Home Phone: _____

Work Phone: _____

1) Are you filing your complaint on a city department or individual? _____

2) If applicable, which department (circle all that apply)

Police Department	Water/Sewer Department	Parks Department	City Council
Street Department	Fire Department	Ambulance	City Hall

3) Are you filing a complaint concerning blight? Yes No

4) If yes, please list the owner (if known) and address of your blight complaint?

5) Are you filing a complaint pertaining to a specific problem, and if so, does the problem pertain to one of the following? (circle all that apply)

Abandoned or Hazardous Vehicle	Noise Problem	Bad or Unusual Odors
Barking/Unleashed dog	Swimming Pool/Parks	Potholes
Lawn Parking	Faded Curb/Street Paint	Fire/Health Hazard
Graffiti	Zoning/Ordinance Issue	Overgrown Weeds or Trash
Sidewalk, Curb or Gutter Problems	Street Light Out	Traffic/Speeding Complaints
Unregistered Business	Vision Obscured Hazard	Illegal Building or Construction
Illegal Dumping on City Property	Illegal Posting/Signs	Dangerous Tree/Limb on/over Street
Accessibility Issues	Suspicious Activity	Bad/Unusual Construction Hours
Debris on Public Right of Way	Stray Animals	Other

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, age, disability, religion, sex, familiar status, sexual orientation, and reprisal.

