Resident Concern or Request

Date:_____

Resident's Name: _____

Contact Number or Email Address: _____

Would you like a callback: ☐ **Yes** ☐ **No**

Concern or Request (please provide as much detail as possible):

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Completed forms can be mailed, emailed, faxed or dropped off at Rockville City Hall.

229 Broadway Street East – P.O. Box 93 – Rockville MN 56369
Phone: 320-251-5836 – Fax: 320-240-9620
Email: cityhall@rockvillecity.org

Thank you!