



CITY OF RUSH CITY
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City of Rush City - Action Request Report

Date: _____

Your Name: _____

Address (include PO Box) _____

Your contact number: _____

Location of Complaint/Concern: _____

Please write your concern:

City staff will look into your concern. How would you like us to contact you regarding the results? Telephone (please provide in space at top)

Email _____

U.S. Mail