



Community Concern

City of Adrian
209 Maine Ave Suite 106
PO Box 190
Adrian, MN 56110

Form must be submitted to Adrian City Hall

Date: _____

Name: _____
(Name is required)

Address: _____

Phone Number: _____

Concern: _____

*******FOR OFFICE USE*******

Referred to and date: Street _____ City Hall _____ Police _____ Utilities _____
City Council _____ Park Board _____ Utility Commission _____ Other _____

Issue Resolved or additional contacts - Date each addition contact/resolution

