CITY OF LISBON NORTH DAKOTA

## Formal Complaint Form

	Date:	Place:		Time Started:	
I, the undersigned		, a	m years old	d having been born on the _	day of,
My current ad	dress & phone num	ber is:			·
COMPLAINT:					
	ted what to say in the			ontained therein are true and ersonal information may be	
This statement was com	pleted at a	m/pm on the d	ay of	20	
Signature of Author of C	Complaint:				
			D 4070 - 11 1		

423 Main Street ~ PO Box 1079 ~ Lisbon, ND 58054 Phone (701) 683-4140 Fax (701) 683-9710 TDD: 1-800-366-6888