



CITY OF PINE ISLAND
250 South Main Street – PO Box 280
Pine Island, MN 55963
www.pineislandmn.com
Phone: (507)356-4591
Fax: (507)356-8230

SUGGESTIONS OR CONCERNS

STEP 1. YOUR INFORMATION	
1. First Name	2. Last Name
3. Primary Telephone Number	4. Email Address
5. Address:	
10. Would you like City staff to contact you regarding this? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, how: <input type="checkbox"/> Mailing Address <input type="checkbox"/> Email	

STEP 2. SUGGESTION OR CONCERN
1. Explain your concern or suggestion for the city: _____ _____
2. Please provide a solution or idea to resolve or implement your concern or suggestion: _____ _____
3. Would you be in favor of a tax increase to resolve or implement your concern of suggestion? If no, please explain why? _____ _____

FOR CITY STAFF USE ONLY	
1. Received by:	2. Date Received:
3. Applicant notified (date, method, staff member): _____	
4. Notes: _____ _____	