

## **ADMINISTRATIVE OFFICES**

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## Citizen Comments /Concerns City of Cloquet, Minnesota

Date:	
Citizen Contact Information:	
Name:	
Address:	
City:	
State:	Zip Code:
Telephone Number:	
Email Address:	
<b>Description of Comment / Com</b>	ncern (attach additional information of necessary)
Name/Signature:	
	Return completed form to:
	Cloquet City Hall
	101 14 <sup>th</sup> Street Cloquet, MN 55720
0	or email to: <u>info@cloquetmn.gov</u>
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ved date:	
n taken:	