

**CITY OF HARTFORD, IOWA**  
**150 W Elm St PO Box 910**  
**Hartford, IA 50118**  
[clerk@hartfordia.com](mailto:clerk@hartfordia.com) 515-989-0267

Please complete the following information so that the City can investigate your complaint.  
Please print clearly.

Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

If requested will you attend a City Council meeting to explain your complaint? Yes \_\_\_ No \_\_\_

Nature of Complaint: (include the date, time, place and facts of your complaint)

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Should a citation be issued, you may be required to testify to the above complaint in a Court of Law. Do you agree to so testify? Yes \_\_\_ No \_\_\_

Received by: \_\_\_\_\_ Date \_\_\_\_\_

Copied to: \_\_\_\_\_ Date \_\_\_\_\_

Inspection completed by: \_\_\_\_\_ Date \_\_\_\_\_