



**RALSTON**  
NEBRASKA  
INDEPENDENCE CITY

# CITY OF RALSTON

## *Independence City*

### RESIDENT'S COMPLAINT FORM

Please fill this form out completely or it will be considered void.  
All information provided on this form is confidential in nature.

**MAYOR**

Donald A. Groesser

**CITY COUNCIL**

Maureen Konwinski  
Lee Fidelity  
Brian Kavanaugh  
Jerry Krause  
Michael Sanchez  
Ben Preis

**CITY ADMINISTRATOR**

David Forrest

**FINANCE DIRECTOR**

Tim Bohling, CPA

**CITY CLERK**

Rosemarie Russell

Date: \_\_\_\_\_

First & Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Property Address in Question: \_\_\_\_\_

Property Owner's Name: \_\_\_\_\_

Nature of Complaint: \_\_\_\_\_

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*The Spirit of  
Independence*

5500 South 77th Street  
Ralston, NE 68127-3896  
(402) 331-6677

Fax (402) 331-4553

E-mail: cityhall@cityofralston.com

**FOR INTERNAL USE ONLY**

Ward Number: \_\_\_\_\_ Council Member \_\_\_\_\_

Applicable Ordinance/Code \_\_\_\_\_

Date Complaint Received \_\_\_\_\_ Reviewed by \_\_\_\_\_

Copied to: Mayor \_\_\_ Police Chief \_\_\_ Building Insp. \_\_\_ Fire Chief \_\_\_ C.A. \_\_\_ Clerk \_\_\_

Action Taken: \_\_\_\_\_

\_\_\_\_\_