```html
1  <!DOCTYPE html>
2  <html>
3  <head>
4    <title>User Information Form</title>
5    <style>
6      body {
7        font-family: Arial, sans-serif;
8        background-color: #f4f4f4;
9        padding: 20px;
10     }
11     .form-container {
12       background-color: white;
13       padding: 20px;
14       border-radius: 10px;
15       width: 300px;
16       margin: auto;
17       box-shadow: 0 0 10px rgba(0,0,0,0.1);
18     }
19     .form-container h2 {
20       text-align: center;
21     }
22     .form-container label {
23       display: block;
24       margin-top: 10px;
25     }
26     .form-container input {
27       width: 100%;
28       padding: 8px;
29       margin-top: 5px;
30       border: 1px solid #ccc;
31       border-radius: 5px;
32     }
33     .form-container button {
34       width: 100%;
35       padding: 10px;
36       margin-top: 15px;
37       background-color: #007BFF;
38       color: white;
39       border: none;
40       border-radius: 5px;
41       cursor: pointer;
42     }
43     .form-container button:hover {
44       background-color: #0056b3;
45     }
46   </style>
47 </head>
48 <body>
49
```

```
24          margin-top: 10px;
25        }
26      .form-container input {
27        width: 100%;
28        padding: 8px;
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37        background-color: #007BFF;
38        color: white;
39        border: none;
40        border-radius: 5px;
41        cursor: pointer;
42      }
43      .form-container button:hover {
44        background-color: #0056b3;
45      }
46    </style>
47  </head>
48  <body>
49
50  <div class="form-container">
51    <h2>User Details</h2>
52    <form>
53      <label for="id">ID:</label>
54      <input type="text" id="id" name="id" required>
55
56      <label for="name">Name:</label>
57      <input type="text" id="name" name="name" required>
58
59      <label for="phone">Phone Number:</label>
60      <input type="tel" id="phone" name="phone" required
    pattern="[0-9]{10}" placeholder="Enter 10-digit
    number">
61
62      <label for="city">City:</label>
63      <input type="text" id="city" name="city" required>
64
65      <button type="submit">Submit</button>
66    </form>
67  </div>
68
69  </body>
70  </html>
```

User Details

ID:

Name:

Phone Number:

Enter 10-digit number

City:

Submit