

211 S. Seminary St. PO Box 18 Downs, IL 61736 309-378-3221

CITIZEN CONCERN FORM

| DATE OF CONCERN: | |
|---|--|
| PARTY WITH CONCERN | VILLAGE OFFICIAL CONCERN IS MADE TO: |
| Name: | Village Official |
| Address: | Title: |
| Phone #: Fax #: E-Mail Addresss | Village Trustees, or Officer of the Village of Downs (preferably in person). |
| The party the formal concern is made against: | |
| REMARKS: (Statement of Concern) | |
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| SIGNATURE OF PARTY FILING CONCERN | SIGNATURE OF VILLAGE OFFICIAL RECEIVING THIS CONCERN. |
| | DATE RECEIVED |
| ACTION TAKEN: | |