

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 #:	Concern needs to be made to President/Mayor, Village Trustees, or Officer of the Village of Downs (preferably in person).
E-Mail Addresss	_
The party in which the formal concern is made against:	
REMARKS: (Statement of Concern)	
	·
,	
SIGNATURE OF PARTY FILING CONCERN	SIGNATURE OF VILLAGE OFFICIAL RECEIVING THIS CONCERN.
	DATE RECEIVED
ACTION TAKEN:	