



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

CITIZEN REQUEST FORM

DATE OF REQUEST: _____

<p>PARTY WITH REQUEST</p> <p>Name: _____</p> <p>Address: _____</p> <p>_____</p> <p>Phone #: _____ Fax #: _____</p> <p>E-Mail Address _____</p>	<p>VILLAGE OFFICIAL REQUEST IS MADE TO:</p> <p>Village Official _____</p> <p>Title: _____</p> <p>Request needs to be made to President/Mayor, Village Trustees, or Officer of the Village of Downs (preferably in person).</p>
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Other parties involved (if any):

REMARKS: (Statement of Request)

SIGNATURE OF PARTY FILING REQUEST

SIGNATURE OF VILLAGE OFFICIAL RECEIVING THIS REQUEST.

DATE RECEIVED _____

ACTION TAKEN: _____