

**Town of Thorntown  
101 W Main Street  
Thorntown, Indiana 46071**

**Citizens Concern/Suggestion**

Please complete the following information so that the Town can properly investigate.

**Please print clearly.**

Date \_\_\_\_\_  
Name \_\_\_\_\_  
Address \_\_\_\_\_ Phone Number \_\_\_\_\_

**Nature of Concern/Suggestion (include specific details such as date, time, place, facts)**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Explain how you feel the Concern/Suggestion should be resolved**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Town Hall Office Use Only**  
Received by: \_\_\_\_\_ Date \_\_\_\_\_  
Emailed to: \_\_\_\_\_ Date \_\_\_\_\_  
Town Board President Signature \_\_\_\_\_ Date \_\_\_\_\_  
Follow up Completed by \_\_\_\_\_ Date \_\_\_\_\_