

**VILLAGE OF SUSSEX CORNER
CITIZEN FORM**

Name:	<hr/>	Telephone #:	<hr/>
Address:	<hr/>		
Signature:	<hr/>		
Comments:	<hr/>		
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Date to Council:	<hr/>	By Whom:	<hr/>
Council Resolution:	<hr/>		
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	<hr/>		
	<hr/>		
Date of Response to Citizen:	<hr/>	By Whom:	<hr/>
Action Taken:	<hr/>		
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	<hr/>		
	<hr/>		
	<hr/>		
	<hr/>		
Completion Date:	<hr/>	By Whom:	<hr/>