

VILLAGE OF ALIX
PUBLIC CONCERN FORM

Name of Person Registering Concerns: _____

Street Address: _____

Mailing Address: _____

Home Phone Number: _____

Cell Phone Number: _____

Subject Concerns: _____

Detailed Concerns: (provide sufficient detail including date, time, location, etc.)

(Use back of page if more room is required)

Signature: _____

Date: _____

**Submit completed form to the Village of Alix Municipal Office at 4849-50 Street,
Box 87, Alix, Alberta T0C 0B0. A reply/response will be provided to all individuals registering a concern.**

FOR ADMINISTRATIVE USE ONLY

Details taken by: _____

Details taken by _____ Phone _____ Personal Visit