CITY OF ARCOLA

SUGGESTION FORM

City Hall
114 N. Locust, PO Box 215, Arcola, IL 61910
Phone (217) 268-4966 Fax (217) 268-4968

Name _____

Address _____ Phone_____

Suggestion

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Signature _____

PLEASE COMPLETE THE FORM AND EITHER FAX IT TO (217) 268-4968, MAIL IT TO PO BOX 215, ARCOLA, IL 61910, OR BRING IT IN TO THE CITY BUILDING AT THE ABOVE ADDRESS.

FOR OFFICE USE ONLY

Received by _____ *Date* _____