

Date: \_\_\_\_\_

City of Worthington  
Formal Concern Form

Your Name: \_\_\_\_\_

Your Address: \_\_\_\_\_

Your Phone Number: \_\_\_\_\_

Name of resident (if applicable) you have a concern regarding: \_\_\_\_\_

Address of resident (if applicable) or description of location of issue regarding the concern:

\_\_\_\_\_

Details of your concern:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Action you would like to see taken in order to mitigate your concern (please understand this will be discussed amongst the proper committee or council and they will ultimately decide the best course of action, if necessary):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Your Signature: \_\_\_\_\_

**For Internal Use:**

Received by: \_\_\_\_\_

Date received: \_\_\_\_\_

Signature: \_\_\_\_\_