

Michael P. Lopez
Village President

Lisa Cave
Village Clerk



Kathy DeHart *Trustee*
Leigh Irons *Trustee*
Ralph Irons *Trustee*
Dale Lael *Trustee*
Philip Raftis *Trustee*
Christina Smith *Trustee*

PUBLIC HEALTH COMPLAINT

Date of Complaint: _____

Location of Complaint: _____

Complaint Issue: _____

Name & phone number of individual filing complaint if they wish to be contacted.

(Individuals do not need to supply their names only if they wish for me to contact them.)

Thanks,

Leigh Irons
Public Health Trustee