



#73 Municipal Rd. N., P.O. Box 70 South River, ON P0A 1X0  
Phone 705-386-7741, Fax 705-386-0765

## REQUEST/COMMENT/COMPLAINT

\_\_\_\_\_  
Name Date

\_\_\_\_\_  
Street Address Phone Number

\_\_\_\_\_  
Mailing Address

**Nature of request/comment/complaint**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature

**FOR OFFICE USE ONLY**

Time Received \_\_\_\_\_ Date Received \_\_\_\_\_

Received by staff: \_\_\_\_\_ Forwarded to staff: \_\_\_\_\_ On date: \_\_\_\_\_

**ACTION TAKEN:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_