

TOWN OF MAPLE CREEK

P.O Box 428 | 205 JASPER STREET
MAPLE CREEK, SK S0N 1N0
PHONE: (306) 662-2244 | FAX (306) 662-4131



— · where past is present · —

COMPLIMENTS AND CONCERNS

Date Stamp –Received

Customer Name: _____

Date: _____

Address: _____

Phone Number: _____

Nature of Concern – Please give as much detail as possible:
(Use back of page if necessary)

(Citizen's Signature)

(CAO Signature)

Sent via email _____

DATE

ACTION

DATE	ACTION

Date Follow up Letter Sent: _____

Place form in an envelope addressed to Chief Administrative Officer

Follow Up Letter Attached.

Citizen Request for Signed Copy