

# 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)

\_\_\_\_\_  
(Administrator Signature)

Sent via email \_\_\_\_\_

DATE

ACTION

DATE	ACTION

Date Follow up Letter Sent: \_\_\_\_\_

Place form in an envelope addressed to Diane Moss, Administrator

Follow Up Letter Attached.

Citizen Request for Signed Copy