

Town of Maple Creek
205 Jasper Street
Box 428
Maple Creek, SK S0N 1N0



Compliments & Concerns Form

Customer Name: _____

Date: _____

Address: _____

Phone Number: _____

Email: _____

Nature of Concern - Please give as much detail as possible:

(Signature of Concerned Citizen)

(Signature of Town Representative)

Follow-up & Results:

Date and Initials

Please place in a sealed envelope addressed to Administrator