



RATEPAYERS' COMMENT FORM
(Please Print Legibly)

Date: _____ Time: _____

Name: _____

Telephone #: Home: _____ Work: _____

Address: _____ P.O. Box #: _____

Nature of Comment/Request (Please use the reverse side, should you require additional space)

Name(s), Address(es) & Telephone #(s) of Individual(s) that are associated with this matter:

Have you spoken to any of the above individual(s)? Yes [] No []

If yes, please identify the individual(s) you have spoken to: _____

Have you contacted/submitted previous comments regarding this matter to the City? Yes [] No []

If yes, who assisted you with your initial request? _____

Ratepayer's Proposed Solution:

Please feel free to attach any other information that would assist the City in addressing this matter.

Signature of Ratepayer

Received By

<i>For office use only</i>	<i>Request No.:</i> _____
<i>Referred to:</i> _____	<i>Date:</i> _____
<i>ACTION TAKEN:</i>	

<i>Date Resolved</i> _____	<i>Signature</i> _____