

Clerk's Department  
325 Farr Drive  
P.O. Box 2050  
Haileybury, ON P0J 1K0



Tel: 705 672-3363  
Fax: 705 672-2911

## 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

**For office use only**

Referred to: \_\_\_\_\_

Request No.: \_\_\_\_\_

Date: \_\_\_\_\_

ACTION TAKEN: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Date Resolved

\_\_\_\_\_  
Signature