



THE TOWN OF SWAN RIVER

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COMPLAINT/REQUEST FORM

Date: _____ Time: _____ a.m. p.m.

Complainant: _____ Phone: _____
(Name in full)

Address: _____

Complaint/Request: _____

Signature: _____ Location Involved: _____

Map attached: Yes No

OFFICE USE ONLY

Location visited: Yes No By: _____

Date: _____ Time: _____ a.m. p.m.

Comments _____

Action needed: _____

Direction Taken: _____ By: _____

Completed Date: _____ Time: _____ a.m. p.m.

Signature: _____