REQUEST/FEEDBACK FORM

PHONE (204) 734-4586 **FAX** (204) 734-5166
BOX 879 SWAN RIVER, MANITOBA ROL 1ZO

Date:_____ **Time**: _____ **a.m.**___ **p.m.** ___
Name:_____ **Phone**:_____
Email:_____
Address: _____**As Per Phone:**___ **In person:**___ **Email:**___

Request/Feedback: _____
_____
_____
_____

Location Involved (if relevant): _____

Attachments (if none, leave blank): _____

_____
Signature

Submission Instructions:
Email: Main@townsr.ca **In Person**: Swan River Town Office at 439 Main St.
By Mail: 439 Main St - Box 879, Swan River, MB R0L 1Z0

OFFICE USE ONLY

Location Visited - Yes **No**___ **By**:_____
Date:_____ **Time**: _____ **a.m.** **p.m.**

Comments: _____
_____
_____
_____

Action Needed: _____
_____
_____

Direction Taken: _____
_____
_____
_____

By:_____
Completion Date:_____ **Time**: _____ **a.m.**___ **p.m.** ___

_____
Signature