



TOWN OF LA RONGE REQUEST / INQUIRY / COMPLAINT FORM

Date: _____

Name: _____ Civic Address: _____

Phone Number: _____ Email: _____

Mailing Address: _____

Date Requested (Please note that Town employees may require at least 48 hours notice for requests): _____

Follow up required?: Yes No If yes, indicate preferred method - Letter Email Phone

Nature of Request / Inquiry / Complaint and Action Requested: (use reverse if more space required)

Where applicable, is the complainant willing to appear in Court to testify should charges be laid and a Court appearance is required? Yes No

Signature: _____

For Office Use Only:

Reference Number: _____

Inquiry Made: In Person Phone E-Mail

Inquiry Taken by: _____ Inquiry Referred To: _____

Utility Account: New Existing If existing, account number: _____

Action Taken: _____

Date Completed: _____ Staff Signature: _____

Follow-up Response (if applicable):

Date Completed: _____ Staff Signature: _____