



COMMENT FORM

Name: _____ Phone #: _____

Address: _____

Date of incident: _____ Time of incident: _____

Exact location of incident: _____

Nature of Comment/Specific Details:

Date: _____

Signature _____

Office use:

Rec'd by: _____

Response from Department : _____

Complaint cleared Date: _____

Signature: _____

NOTICE OF COLLECTION: Sec 29(2) The personal information collected on this form is collected under the Authority of the Municipal Freedom of Information Privacy and Protection Act, Section 31(b) and will be used to address service issues within the Township. Questions about collection should be addressed to: Deputy Clerk/Treasurer, Box 519, Sundridge, ON P0A 1Z0 office@townshipofjoly.com