Town of Smooth Rock Falls

General Municipal Concern Form

Instructions: Complete the form below in its entirety and include as much detail as possible. If this concern is related to a by-law, please complete the form entitled "Bylaw Enforcement Complaint Form".

L'assistance en français est disponible en appellant ou en visitant le bureau municipal.

Complainant:

First Name _____ Last Name _____

Address _____ PO Box # _____

Telephone # _____ Email Address _____

Details of Concern:

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Signature _____ Date _____

For Internal Use:

Municipal Department Concerned: _____

Personal information contained in this form is collected under the authority of the Municipal Freedom of Information and Protection of Privacy Act and will be kept in confidence except where required by law. Please contact the Town Clerk for further information.