



RATEPAYER - REQUEST FOR ACTION / CONCERN FORM

Date: _____ Time: _____

From: _____ Rec'd at: _____

Phone: _____

Request for Action:

Concern:

For Information Only:

Requested Timeline: _____ Signature: _____

From: Office Staff PW Staff Council Member LUD Committee Member

Routed to: _____ Date: _____ Time: _____

Action Taken: Date: _____ Time: _____ By: _____

This document is available in a variety of accessible formats upon request such as digital, hardcopy, large print and can be read to you in French. To make a request, contact the Accessibility Coordinator.