



MUNICIPALITE DE • MUNICIPALITY OF

# SHEENBORO

59 SHEENBORO ROAD SHEENBORO, QUEBEC J0X 2Z0

Date Received \_\_\_\_\_

Number \_\_\_\_\_

## Ratepayer Concerns and Issues

Tell us about your concern or issue \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tell us your idea to address this concern \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Thank you. You may submit this to the Sheenboro Secretary-Treasurer or to the Mayor. Our goal is to respond to your concern within 45 days.

Signature \_\_\_\_\_

Your name \_\_\_\_\_

Your telephone number \_\_\_\_\_

Your address \_\_\_\_\_

\_\_\_\_\_

*For Municipal Use*

Action Taken \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Person responsible for this action \_\_\_\_\_

\_\_\_\_\_

Date follow-up/review to be carried out \_\_\_\_\_

Review complete, issue resolved \_\_\_\_\_

\_\_\_\_\_

Mayor's signature \_\_\_\_\_

Date \_\_\_\_\_