



## **COMPLAINT OF MUNICIPAL RATEPAYER**

Please PRINT information below and answer all questions to the best of your ability.

The following information was supplied and received in confidence.

All documents submitted to the R.M. of Leask No. 464 will be recognized as a personal statement provided of your own free will. We ask that you make a statement pertaining to your concern; this concern will be brought to Council in a confidential manner.

### **INFORMATION**

Date \_\_\_\_\_

Name \_\_\_\_\_

Residential Address  
(within the RM) \_\_\_\_\_

Mailing Address \_\_\_\_\_

Email Address \_\_\_\_\_

Contact Number \_\_\_\_\_

### **COMPLAINT/STATEMENT**

Location \_\_\_\_\_

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

Further Description \_\_\_\_\_

\_\_\_\_\_  
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Name of Registered Owner \_\_\_\_\_

Address of Owner \_\_\_\_\_

Detailed Description

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**CONFIDENTIALITY ISSUES**

The anonymity and confidentiality given to complaints cannot be assured if an investigation results in court proceedings.

**PHOTOS ARE REQUIRED AS PART OF SUBMISSION**

**I HAVE READ THIS FORM AND UNDERSTAND THE R.M. OF LEASK NO. 464 WILL BE UNABLE TO GUARANTEE CONFIDENTIALITY OF THE ABOVE INFORMATION IF THIS MATTER RESULTS IN COURT ACTION.**

**DATE** \_\_\_\_\_

**PRINT NAME** \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_