



COMPLAINT INFORMATION:

Name: _____

Address: _____

Mailing address (if different): _____

Email address: _____

Phone number (day) _____ (night) _____ (cell) _____

INCIDENT LOCATION (please be specific)

Date /Time: _____

Address location: _____

Town/County/Village: _____

Name/address of Owner (if known): _____

DETAILS OF COMPLAINT:



Details Cont:

Signature of complainant:

Please bring completed forms to the Town office or mail to: P.O. Box 520
Magrath, AB
T0K 1J0