COMMENT FORM

Name:_____

Address:_____**Phone #**_____

Nature of Comment:

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Signature_____ **Rec'd by:**_____

Response from Department :_____

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_____

Complaint cleared Date:_____ **Signature:**_____

NOTICE OF COLLECTION : Sec 29(2) The personal information collected on this form is collected under the Authority of the Municipal Freedom of Information Privacy and Protection Act, Section 31(b) and will be used to address service issues within the Township. Questions about collection should be addressed to: Clerk/Treasurer, Box 519, Sundridge, Ont. P0A 1Z0, clerk.administrator@townshipofjoly.com