



**COMMENT FORM**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Nature of Comment:

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Signature \_\_\_\_\_ Rec'd by: \_\_\_\_\_

Response from Department : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**