

(Please use this form for submitting your Complaint/Comment/Concern)

**Rural Municipality of Blaine Lake No. 434
Office of the Administrator
Box 38, Blaine Lake, Saskatchewan, S0J 0J0
Telephone (306) 497-2282, Fax (306) 497-2511
Email rm434@sasktel.net**

Today's Date: _____

Date of Issue: _____

To: Reeve / Council / Administrator (Circle any/all that apply)

Subject: _____

In your complaint/comment/concern, please include as much detailed information as possible, so that we can address your subject appropriately. Be clear and concise in your description; state exactly what you'd like to see reasonably done as a resolution; attach any supporting documents that you may have; include your name and contact information. If you need more room, you can use the backside of this sheet or attach other papers as well.

Please note that our goal is to work with you in resolving any issues you may have, which might require additional investigation or research, and needs to be considered in setting reasonable timelines.

Description of your complaint/comment/concern: _____

Print name of Complainant

Signature of Complainant

Print Name of Witnesses (if applicable):

Signature of Witnesses (if applicable):
