

10 Main St.  
P.O. Box 10  
Latchford, On. P0J 1N0



Tel: 705 676 - 2416  
Fax: 705 676 - 2121

**RATEPAYERS' COMMENT FORM**  
(Please Print Legibly)

Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Name: \_\_\_\_\_  
Telephone # Home: \_\_\_\_\_ Work: \_\_\_\_\_  
Address: \_\_\_\_\_ P.O. Box # \_\_\_\_\_

Nature of Comment / Request (Please use the reverse side, should you require additional space)

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Name(s), Address(es) & Telephone #(s) of individual(s) that are associated with this matter:

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Have you spoken to any of the above individual(s)? Yes ( ) No ( )

If yes, please identify the individual(s) you have spoken to: \_\_\_\_\_

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Have you contacted / submitted previous comments regarding the matter to the Town? Yes ( ) No ( )

If yes, who assisted you with your initial request? \_\_\_\_\_

**Ratepayer's Proposed Solution:**

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Please feel free to attach any other information that would assist the Municipality addressing this matter.

\_\_\_\_\_  
Signature of Ratepayer

\_\_\_\_\_  
Received By

<b>For office use only</b>	<b>Request No:</b>
Referred to: _____	Date: _____
Action Taken: _____	
_____	
_____	
_____	
<b>Date Resolved</b>	<b>Signature</b>

