



**RURAL MUNICIPALITY OF MOUNTAIN**

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**COMPLAINT/REQUEST FORM**

Date: \_\_\_\_\_ Time: \_\_\_\_\_ a.m. or p.m.

Applicant: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Name in full)

Address: \_\_\_\_\_

Complaint/Request: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Location Involved: \_\_\_\_\_

Map attached: Yes  No

**FOLLOW UP:**

Location visited: Yes  No  By: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ a.m. or p.m.

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Action needed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Council Decision: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ By: \_\_\_\_\_

Completed Date: \_\_\_\_\_ Time: \_\_\_\_\_ a.m. or p.m.

CAO Signature: \_\_\_\_\_