



MUNICIPALITE DE • MUNICIPALITY OF

SHEENBORO

59 SHEENBORO ROAD SHEENBORO, QUEBEC J0X 2Z0

Date Received _____

Number _____

Ratepayer Concerns and Issues

Tell us about your concern or issue _____

Tell us your idea to address this concern _____

Thank you. You may submit this to the Sheenboro Secretary-Treasurer or to the Mayor. Our goal is to respond to your concern within 45 days.

Signature _____

Your name _____

Your telephone number _____

Your address _____

For Municipal Use

Action Taken _____

Person responsible for this action _____

Date follow-up/review to be carried out _____

Review complete, issue resolved _____

Mayor's signature _____

Date _____