



# REQUEST/FEEDBACK FORM

PHONE (204) 734-4586 FAX (204) 734-5166  
BOX 879 SWAN RIVER, MANITOBA R0L 1Z0

Date: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_

*(name in full)*

As Per Phone: \_\_\_ In person: \_\_\_ Email: \_\_\_

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

Request/Feedback: \_\_\_\_\_

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

Location Involved (if relevant): \_\_\_\_\_

Attachments (if none, leave blank): \_\_\_\_\_

\_\_\_\_\_

Signature

**Submission Instructions:**

Email: [Main@townsr.ca](mailto:Main@townsr.ca) In Person: Swan River Town Office at 439 Main St.

By Mail: 439 Main St - Box 879, Swan River, MB R0L 1Z0

**OFFICE USE ONLY**

Location Visited - Yes \_\_\_ No \_\_\_

By: \_\_\_\_\_

Date: \_\_\_\_\_

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

Comments: \_\_\_\_\_

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

Action Needed: \_\_\_\_\_

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

Direction Taken: \_\_\_\_\_ By: \_\_\_\_\_

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

\_\_\_\_\_

Signature