REQUEST/FEEDBACK FORM

PHONE (204) 734-4586 **FAX** (204) 734-5166
BOX 879 SWAN RIVER, MANITOBA ROL 1ZO

Date: _____ **Time**: _____
Name: _____ **Phone**: _____
Address: _____ **Email:** _____

Request/Feedback:

Attachments (if relevant): _____

_____
Signature

Submission Options:
Email: Main@townsr.ca **By Mail**: The Town of Swan River - Box 879, Swan River, MB R0L 1Z0
In Person: Town Office located at 439 Main St.

*****OFFICE USE ONLY*****

Date: _____ **Time**: _____

Comments:

Action:

_____
Signature