



**INQUIRY / ACTION / CONCERN FORM**

Date of Request: \_\_\_\_\_ Requested By: \_\_\_\_\_

Requester's Contact Information:

Phone: \_\_\_\_\_ (primary) \_\_\_\_\_ (cell) \_\_\_\_\_ (other)

General Nature of Request:

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Location of the Problem (if applicable):

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Additional Details:

Action Requested/Follow Up (to be completed by the appropriate department or designate)

\_\_\_\_\_  
Department Supervisor Signature

\_\_\_\_\_  
Date Completed

The information collected on this form is collected under the authority of the Municipal Act, S.O. 2001, c.25, as amended. Pursuant to Section 31 (b) of the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c. M.56, the personal information collected will be used for the purpose of identifying and responding to service delivery issues within The Village of Sundridge. Questions about collection can be addressed to the Clerk Administrator, Village of Sundridge, 110 Main Street, PO Box 129, Sundridge ON, P0A 1Z0, [clerk@sundridge.ca](mailto:clerk@sundridge.ca).