Cornwallis
RURAL MUNICIPALITY

Site 500, Box 10, RR#5
Brandon MB. R7A 5Y5
T: 204.725.8686
F: 204.725.3659
info@gov.cornwallis.mb.ca

Compliment/Complaint/Suggestion Form

Applicants Name: _____ Date: _____
Email Address: _____ Phone No.: _____
Address: _____
_____

Compliment/Complaint/Suggestion: _____
_____
_____
_____
_____
_____
_____

Attachment: ☐ YES ☐ NO

FOR MUNICIPALITY USE ONLY:

Date Received: _____ Received by: ☐ Email ☐ Phone ☐ Walk In

Roll Number _____ Civic Address _____Legal Address _____

Owner Name and Mailing Address _____

District/RM Member: _____

Follow Up: Date: _____ RM/District Member: _____

Comments:_____
_____

Action
Needed:_____
_____

Council
Decision:_____
_____

How was the Applicant Notified: ☐ Email ☐ Phone ☐ Registered Letter

Date Completed: _____ District/RM Member: _____