



MUNICIPALITY OF TWEED
COUNCIL/STAFF CONTACT FORM

In order for your comments/concerns to be fully understood and appreciated you are asked to supply the following information:

Name: _____ Date: _____

Civic Address: _____

If no civic address,
Legal Description
of your property: _____

Mailing Address: _____

_____ Postal Code _____

Phone: _____ Email: _____

Council Member/Department you wish to contact: _____

COMMENTS/CONCERNS: (If space is insufficient please use reverse also.)

Signature

OFFICE USE ONLY – RESOLUTION:

