VILLAGE OF ALIX

PUBLIC CONCERN FORM

Name of Person Registering Concern: _____

Street Address: _____

Mailing Address: _____

Home Phone Number: _____

Cell Phone Number: _____

Subject Concern: _____

Detailed Concern: (provide sufficient detail including date, time, location, etc.)

☐ Continued on next page….

Signature: _____ Date: _____

Save completed form and submit to the Village of Alix Municipal Office at 4849-50 Street,

Box 87, Alix, Alberta T0C 0B0. A reply/response will be provided to all individuals registering a concern and who have provided contact information

FOR ADMINISTRATIVE USE ONLY

Details taken by: _____ Details taken by: _____ Phone _____ Personal Visit

Referred to: _____ Date: _____

Compliance Inspection: ☐ Compliant Date: _____

☐ Non-Compliant

Comments: _____