



322 Main St. S., P.O. Box 759,
 Exeter ON N0M 1S6
www.southhuron.ca
 Ph: 519-235-0310

Request For Service Form

Contact Information	
Your Name:	
Home Phone:	Cell Phone:
Mailing Address:	
Email:	
Please indicate how you would like us to contact you regarding your request for service.	
<input type="checkbox"/> Email <input type="checkbox"/> Home phone <input type="checkbox"/> Cell phone	
Please outline your request for service, noting location and any pertinent information that will assist staff in responding effectively.	
What are your suggestions to improve this service?	
Office use only	
Service Request #	
Received by:	Date:
Forwarded to:	Date:
<input type="checkbox"/> Acknowledgment Letter/Email/Call Date: _____ Staff name: _____	<input type="checkbox"/> Additional correspondence Date sent: _____ Staff name: _____
Action Taken	
<input type="checkbox"/> Response Letter/ Email/ Call Date: _____ Staff name: _____	Copies filed with Clerk: <input type="checkbox"/> Initial Request for Service <input type="checkbox"/> Additional correspondence

Personal information on this form will be collected, used and disclosed in a confidential manner in accordance with the Municipal Freedom of Information and Protection of Privacy Act. The information will be used for the purpose of responding to your request for service and improving program and service delivery issues.