



**LOCAL GOVERNMENT DISTRICT OF PINAWA SERVICE REQUEST FORM**

**Please complete the form below in its entirety  
and submit to the Municipal Office to open a Municipal Service Request.**

*All requests will be dealt with in a confidential manner according to the Municipal Freedom of Information and Protection of Privacy Act (FIPPA)*

**REQUESTED BY:**

Name \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Telephone \_\_\_\_\_

Detailed Information: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Name Signature Date

**FOR OFFICE USE ONLY**

Referred to: \_\_\_\_\_ Date: \_\_\_\_\_

By: \_\_\_\_\_

Recommended Action: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Source Notified: Yes \_\_\_ No \_\_\_

Notified By: \_\_\_\_\_ Date Notified: \_\_\_\_\_

Explanation: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Work Completed**

Date: \_\_\_\_\_ By: \_\_\_\_\_