



## Customer Service Request Form

Please take a moment to fill out this form. Your opinions and suggestions will enable the Town of Oxford to improve program and service delivery.

The individual making the request must provide full contact information. Failure to do so will result in the request not being investigated. This information is collected for the purposes of investigation and follow up and is not publicly disclosed unless required under the Freedom of Information and Protection of Privacy Act.

Name: \_\_\_\_\_

Civic Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Location of request: \_\_\_\_\_

Type of Request:

- Dangerous or Unsightly Premises     Solid Waste     Land Use Bylaw  
 Water/Storm/Wastewater     Road Maintenance     Other

Details of request (be as specific as possible, including dates, times, circumstances, and pictures when possible): \_\_\_\_\_

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

Was a Town employee involved?  Yes  No Who? \_\_\_\_\_

Desired Resolution: \_\_\_\_\_  
\_\_\_\_\_

Have you raised this issue with other members of Council or Staff?  Yes  No

If Yes, when and with whom? \_\_\_\_\_

Document Completed By: \_\_\_\_\_ Date: \_\_\_\_\_

**Town of Oxford**  
**Customer Service Request Form**

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**For Office Use Only**

Date Received: \_\_\_\_\_ Employee: \_\_\_\_\_

Designated Officer(s) Appointed: \_\_\_\_\_

Notification of Request (date): \_\_\_\_\_

Results of Investigation:

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Date Investigation Completed: \_\_\_\_\_

Within 30 days of receiving request? [ ] Yes [ ] No If "No", why? \_\_\_\_\_

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Individual was notified on (date and time): \_\_\_\_\_

Method of Notification: \_\_\_\_\_

What actions have or will be taken because of this request?

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Signature of Designated Officer(s): \_\_\_\_\_

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