

File Number:_____

21 Beach Terrace, Elliston
PO Box 46, Elliston, SA, 5670
Ph: (08) 8687 9177
Fax: (08) 8687 9176
dce@elliston.sa.gov.au

District Council of Elliston

REQUESTS, COMPLAINTS & FEEDBACK FORM

Name:_____

Resident ☐ **Ratepayer** ☐ **Visitor** ☐ **Staff** ☐

Date:___/___/_____

Request ☐ **Complaint** ☐ **Feedback** ☐ **Hazard** ☐

Description: _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Do you require a response from Council? Yes ☐ No ☐

If you do require a response, please fill in the below information:

Phone:_____ **Email:**_____

Address:_____