

HIGHWAY TRAFFIC BOARD COMPLAINT FORM
(Form must be filled in completely or it will be returned)

NAME: _____ ADDRESS: _____

CITY: _____ PROV: _____ POSTAL CODE: _____

TELEPHONE NUMBERS:

Home: () _____ Cell: () _____ Work: () _____

Fax: () _____ Email: _____

1. Give an explanation of your complaint (**give as many details as possible**):

2. Give a description of the solution(s) you are seeking:

3. Include any other information/documents that will be useful in explaining your complaint:

Signature

Date

MAILING ADDRESS:

1621A McDonald Street
REGINA SK S4N 5R2

EMAIL/FAX:

contactus.htb@gov.sk.ca
Fax: 306-798-0162

PHONE:

1-855-775-8336