



Bylaw Complaint Form

Your Contact Information:

Please note that your personal information will remain confidential unless required in court.

First Name: _____ Last Name: _____

Primary Phone Number: _____

Secondary Phone Number: _____

Address: _____

Complaint Information:

To assist in the processing of your complaint efficiently, the minimum information we require completed in this section is the address of the property for inspection. Any additional information you can provide such as the first and/or last name of the property owner is helpful, but not essential.

Date(s) of Offence: _____

Address: _____

First Name: _____ Last Name: _____

Complaint Information/Nature of Complaint:

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Animal Control | <input type="checkbox"/> Dog at Large | <input type="checkbox"/> Barking | <input type="checkbox"/> Noise |
| <input type="checkbox"/> Illegal Parking | <input type="checkbox"/> Unsightly Property | <input type="checkbox"/> Overgrown Trees | <input type="checkbox"/> Snow/Ice Removal |
| <input type="checkbox"/> Weeds/Grass | <input type="checkbox"/> Business License | <input type="checkbox"/> Other | |

If "other", please describe the nature of the complaint:
