

# Complaint Form

Owner/Occupant \_\_\_\_\_ Phone \_\_\_\_\_

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

Lot(s): \_\_\_\_\_ Block: \_\_\_\_\_ Plan: \_\_\_\_\_

Complaint date: \_\_\_\_\_ Complainant: \_\_\_\_\_

BYLAW: \_\_\_\_\_

Details:

- \_\_\_\_\_  
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