

OFFICIAL COMPLAINT FORM

NORTH DUNDAS TOWNSHIP

Complainant:

Name:	Address:	
Phone Numbers: (mandatory)		

I hereby request an inspector to commence action under the appropriate by-law for North Dundas Township.

I hereby further declare that if required, I will provide or present evidence in support of this complaint at any hearings of Appeals Committee or Court of Law of Ontario.

Complainant's Signature:	Date:
---------------------------------	--------------

Complaint Lodged Against / Location of Complaint:

Address:	Name:	
Phone Numbers (if available):		
Action Taken (if any):		
Date of Offence:	Time (if applicable):	
Nature of Complaint		
OFFICE USE ONLY () 1 st Complaint () 2 nd Complaint () Subsequent		Inspectors Initials:

Date Received:	Time
Date of Inspection:	
Notes:	