

**OFFICIAL COMPLAINT FORM
NORTH DUNDAS TOWNSHIP**

Complainant:

Name:		Phone (mandatory):	
Address:			
Email:			

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

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:
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Complaint Lodged Against / Location of Complaint:

Name:		Phone (if available):	
Address:			
Action Taken (if any):			
Date of Offence:		Time (if available):	

Nature of Complaint:

OFFICE USE ONLY 1st Complaint 2nd Complaint Subsequent Inspectors Initials:

Date Received:

Time:

Date of Inspection:

Notes: