BYLAW COMPLAINT FORM

Bylaw Complaint No.

ANTI-NOISE ☐ ZONING ☐ NUISANCE ☐ TRAFFIC ☐ BUSINESS LICENSE ☐

or

OTHER_____

Roll #

Complainant		**Location of complaint**		
Address			Plan #	Lot #
Phone number		Other information		
Relationship				
Nature of Complaint		**Owner**		
		Address		
Date:	Time:	Taken by:		
Referred to:		Date:		
Referred to:		Date:		

Investigation:

Referred to:	Date

Follow up:

Date	Time

Completed

Date:_____ **By:**_____