

## **Complaint / Request Form**

Date:			Time:		
Name:					
Address:					
Phone:					
Email:					
By-law #: (if applicable)			Section:		
Nature of (	Complaint/Reque	est:			
Follow-Up Action Taken:					
For (	Office Use Only:				_
	ter Disposed of:	Date:			
		Signature of Municipal Office	ial		
		Title			