



Enhancing the Future while
Remembering our Past



COMPLAINT/REQUEST FORM

File Roll# _____

DATE:	_____	TIME:	_____
NAME:	_____		
ADDRESS:	_____		
TELEPHONE NO.:	_____		
BY-LAW NO.: (if applicable)	_____	SECTION:	_____

NATURE OF COMPLAINT/REQUEST:

FOLLOW-UP ACTION TAKEN:

For Office Use:	
Matter Disposed Of:	Date: _____

Signature of Municipal Official	

Title	
