

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: _____