



Form "BL-1"  
"CONFIDENTIAL"

**Complaint Registration Form**

Person Filing the Concern:  Mr.  Mrs.  
 Ms.  Miss

\_\_\_\_\_  
Last Name First Name Middle Name

\_\_\_\_\_  
Address (Street/Apt. No./P.O. Box No./R.R. No) City/Town ProvPostal Code

Day \_\_\_\_\_ Evening \_\_\_\_\_  
Area Code & Phone Number Area Code & Phone Number

**Details of concern regarding the subject property:**

\_\_\_\_\_  
Address (Street/Apt. NO./P.O. Box No./R.R. No) City/Town Province

\_\_\_\_\_  
Owner(s) of Subject Property

**Details of concern: (Attach additional pages if necessary)**

\_\_\_\_\_  
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**Submitted by:**

\_\_\_\_\_  
Name (print) Signature Date

**Office Use Only**

\_\_\_\_\_  
Received by Date & Time Roll Number

Personal information contained on this form is collected for the purposes of administering the Township of Otonabee-South Monaghan By-laws and is done so in accordance with the Municipal Freedom of Information and Protection of Privacy Act.