

For the purposes of the “*Freedom of Information and Protection of Privacy Act*”, by submitting this form, I/We authorize and consent to the use by, or the disclosure, to any person or public body or publishing on the Municipal website any information that is contained in this submission and recognize that my/our name may become part of the public record.

CONFIDENTIAL - By-law Complaint Registration Form

Person filing the concern:

What is your first name? *

What is your last name? *

Email Address *

Daytime Phone Number *

Your Home Address: *

Details of concern regarding the subject property:

Street Address of Concern: *

Owner(s) of Subject Property:

Details of concern: *

If available, please attach any supporting information.

Signature of person submitting the complaint: *

Date: *

Office Use Only:

Received by:

Date

Time:

Thank You

for submitting this by-law complaint registration form.

Your concern/complaint will be forwarded to and investigated by the appropriate department.