**Form "BL-1"** **APPENDIX A**

## 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 Prov Postal 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)

**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.