



## REGISTERED CONCERN/INFORMATION

<b>NAME:</b>	<b>MAILING ADDRESS:</b> _____ _____
<b>PHONE:</b>	<b>PROPERTY ADDRESS WITHIN MUNICIPALITY:</b> _____ _____

<b>REASON FOR CONCERN/INFORMATION:</b> (Be specific and include names of witnesses IF possible)

<b>MUNICIPAL ACTION REQUESTED:</b> (Please describe what you would like to see done to correct the situation)

<b>SIGNATURE:</b>	<b>DATE:</b>
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<b>RESPONSE TO FORM:</b>

<b>SIGNATURE:</b>	<b>DATE:</b>
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<b>OFFICE USE ONLY</b>		
<b>COMPLAINT RECEIVED BY:</b>	<b>DATE:</b>	<b>TIME:</b>

<b>INFRACTION OF BY-LAW #</b>	<b>COUNCIL TO BE INVOLVED:</b>	<b>DATE OF NEXT COUNCIL MEETING:</b>
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<b>COUNCIL RESPONSE:</b>	<b>DATE OF RESPONSE:</b>

