



TELEPHONE (905) 468-3266  
FACSIMILE (905) 468-2959

# The Town of Niagara-On-The-Lake

1593 CREEK ROAD  
P.O. Box 100  
VIRGIL, ONTARIO  
L0S 1T0

## COMPLAINT FORM

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DATE RECEIVED: \_\_\_\_\_

COMPLAINT RESPECTING PROPERTY AT: \_\_\_\_\_  
\_\_\_\_\_

NAME OF OWNER: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE: \_\_\_\_\_

TENANT: \_\_\_\_\_  
\_\_\_\_\_

DETAILS OF COMPLAINT: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NAME OF COMPLAINANT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_