“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 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)

_____

_____

_____

_____

_____

_____

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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 Havelock-Belmont-Methuen By-laws and is done so in accordance with the Municipal Freedom of Information and Protection of Privacy Act.