

Town of Dundurn Bylaw Complaint Form

Your Name: _____

Your Civic Address: _____

Your Mailing Address: _____

Your Contact Info: _____ (home) _____ (cell)

Your Email: _____

This information is for office administration purposes only and will not be shared, unless a summons is issued and the matter proceeds to Court.

Complaint Category (please indicate):

- Vehicles parked on private property
- Vehicles parked on town property more than 72 hours
- Property Maintenance
- Noise
- Pet ownership or licensing
- Home-based business
- Other, please specify: _____

Civic Address of Complaint: _____

Name of Property Owner: _____

Mailing Address of Property Owner: _____

Description of Complaint: _____

How is the issue affecting you? _____

Photos attached: ____ Yes ____ No

Signature: _____

Complied: _____

Date: _____

Follow-up: _____