



## Township of Asphodel-Norwood

2357 County Road 45, P.O. Box 29

Norwood, Ontario

KOL 2V0

Phone: (705) 639-5343 Fax: (705) 639-1880

### BYLAW ENFORCEMENT COMPLAINT FORM

COMPLAINT AGAINST \_\_\_\_\_

CIVIC/MAIL ADDRESS \_\_\_\_\_

I, \_\_\_\_\_ (*print name*) do hereby lay and serve complaint(s) against the above mentioned property owner, feeling that the said property does not conform to the By-laws, as amended, of the Township of Asphodel-Norwood, as follows:

**Complaint Type:** (please indicate with an X in the appropriate box)

Property Standards       Zoning       Fencing       Noise       Other

**Description of the Complaint:** (please use the back of this form if further space is required)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

I hereby further declare that if required, I will provide or present evidence in support of this complaint, at any hearing(s) of the Appeals Committee or Court of Law of Ontario.

SIGNED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

SIGNATURE \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE NO. (home) \_\_\_\_\_ (work) \_\_\_\_\_

Do you wish to be contacted at a later date and informed of the officer's findings? \_\_\_\_\_

*Note: Unsigned and/or incomplete forms will not be processed.*

*Note: Personal information contained on this form is subject to the provisions of the Freedom of Information Act*