

THE CORPORATION OF THE VILLAGE OF BURK'S FALLS

**PROPERTY STANDARDS
Complaint Form**

Complaint No: _____ Type: _____

Date Received: _____ Received by: _____

Subject Property:

Owner: _____

Roll Number: _____

Municipal Address: _____

Complainant:

Name: _____

Phone Number: _____

Address: _____

Complaint:

Date: _____

(Signature of Complainant)

OFFICE USE ONLY (this section may be protected by Freedom of Information and Privacy Rules and / or Legal Proceedings).

Date Received: _____ Date Investigated: _____

Results of Investigation: _____

Further Action(s) Required and by whom: _____

More information on back if required.

Signature of Property Standards Officer: _____