



MUNICIPALITY OF HURON EAST

PO Box 610, 72 Main Street South, Seaforth Ontario N0K 1W0
Tel: 519-527-0160 or 1-888-868-7513 Fax: 519-527-2561

www.huroneast.com

Public Complaint Form

Please complete as many areas as you can and provide as much detail and information as possible. You must provide full contact information including your full name, address and telephone number where you can be reached during regular office hours. All complaints will be dealt with in a confidential manner according to the Municipal Freedom of Information and Protection of Privacy Act. Information will be collected, used and disclosed in accordance with the Act. You may be required to present evidence in support of this complaint at any hearing of Appeals Committee or Court of Law of Ontario.

COMPLAINANT

Name: _____
Address: _____
Phone: _____ E-mail: _____

AREA OF COMPLAINT

Please indicate the area related to this complaint

Property Standards	Animal Control	Building Dept
By-law Enforcement	Recreation	Facilities
Roads/Sidewalks	Waste/Landfill	Cemetery
Utilities (Water/Sewer)	Zoning	Other (specify)

PROPERTY DESCRIPTION

Address of Property: _____
Owner/Tenant/Vacant: _____

NATURE OF COMPLAINT:

Signature of Complainant

Date

For Office Use Only:		
Taken By:	Date Taken:	Referred to: