



MUNICIPALITY OF TWEED
BY-LAW/PROPERTY STANDARDS REPORTING FORM

Complainant Information:

Date: _____

Name: _____

Address: _____

_____ Postal Code _____

Phone: _____

Email: _____

Location of Concern:

Name (Owner/Tenant): _____

Address: _____

_____ Postal Code _____

Phone: _____

Email: _____

Nature of Complaint: _____

(If space is insufficient please use reverse also.)

Signature

OFFICE USE ONLY:

