

Municipality of West Perth
PROPERTY COMPLAINT REPORT

Address of Property where complaint originates:

Owner _____

Street Address _____

OR

Lot _____

Concession _____

Ward _____

Nature of Complaint:

Date and Time of Complaint:

Date: _____

Time: _____

Name and Address of Complainant:

Name: _____
(Print)

(Signature)

Address: _____

Received by _____
(Chief Building Official, Building Asst. or Clerk)

Date: _____