



MUNICIPALITY OF  
**GREENSTONE**

**PROPERTY STANDARDS COMPLAINT FORM**

Date of Complaint: \_\_\_\_\_ Time of Complaint: \_\_\_\_\_

Complaint Details (location, time, date & particulars):

Complainant's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Complainant's Address:

Complainant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

All complaints shall be signed. Anonymous complaints will not be accepted.

Investigation & Action:

Follow Up:

Completion Date: \_\_\_\_\_ By: \_\_\_\_\_

P O Box 70 1800 Main Street, Geraldton, ON P0T 1M0, Canada 807-854-1100

**NATURE'S HOME TOWN**

