



REGISTERED CONCERN/INFORMATION FORM

NAME:	MAILING ADDRESS: _____ _____
PHONE:	PROPERTY ADDRESS WITHIN MUNICIPALITY: _____ _____

REASON FOR CONCERN/INFORMATION: (Be specific and include names of witnesses IF possible)

MUNICIPAL ACTION REQUESTED: (Please describe what you would like to see done to correct the situation)

SIGNATURE:	DATE:
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OFFICE USE ONLY		
CONCERN/INFO RECEIVED BY:	DATE:	TIME:
INFRACTION OF BY-LAW #	COUNCIL TO BE INVOLVED:	DATE OF NEXT COUNCIL MEETING:

COUNCIL RESPONSE:	DATE OF RESPONSE: