

## 6 Oak Street P.O. Box 220 Lancaster, Ontario

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## **BY-LAW COMPLAINT FORM**

## Complainant:

Name:  Phone No. Home:  Phone No. Business:  Email:  Location of Complaint:	
Location of Complaint:	
Location of Complaint:	
Location of Complaint:	
Address: Name:	
Nature of Complaint:	
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As tenant of the above named apartment/unit/room, I have contacted the property owner or manage	er in
writing and given them an opportunity to address the above noted complaint prior to submitting this	
complaint.	
Landlord or Manager's Name: Phone No.:	
Email :	
Personal information contained on this form will be kept confidential. It is understood that that if required	tho
complainant, will provide or present evidence in support of this complaint at any hearings of the Property	, tile
Standards Committee or a court of Law of Ontario	
Signature of Complainant: Date:	
Property Standards Officer:	