P10

CITY OF ORILLIA - BUILDING DEPARTMENT

PROPERTY STANDARDS COMPLAINT FORM

(To be completed and signed by the complainant)

PLEASE PRINT:

DATE: _____

(Complainant's)
NAME: _____

ADDRESS: _____

TELEPHONE: _____

E-MAIL ADDRESS: _____

Address of property that is of concern:

_____

_____

Owner (if known):

_____

_____

Reason (s) for Concern:

_____

_____

_____

_____

_____

_____

How long has problem been ongoing?

_____

When was the Landlord informed about this issue?

_____

_____

_____
(Signature of Complainant)