

Legislative, Building, Parking and Transit Division

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)