Municipal Law Enforcement Complaint Form

The Corporation of the Town of Cobourg 55 King Street West Cobourg, ON K9A 2M2

Telephone: 905-372-8380 | Fax: 905-372-7558

Email: <u>bylawenforcement@cobourg.ca</u>



1. Complaint Type	Animal	Property St	andards	Zoning	Parking
2. Have you contacted t	he alleged v	iolator regard	ing this compla	nt? Yes	No
3. Has any attempt bee If yes, please explain:	n made to re	ctify the issue	? Yes	No	
l, (your name)			do hereby lay an	d serve complair	nt against the owner
at the property situated a	at	address)		feeling th	nat the situation
does not conform to the	bylaws/muni	cipal standards	of the Town of O	Cobourg.	
4. Description of the Co	omplaint (if fo	urther space is	required, pleas	se use next page	e)
I hereby further declare t hearings of Appeals Com	•	•	•	nce in support o	of this complaint at any
Date Signed (include day	//month/year): Date			
Signature			_		
City			Email Addr	ess	
Province		tal Code		Number	

Municipal Law Enforcement Complaint Form *Continued*

Do you wish to be contacted at a later date and informed of the officer's findings:

Yes No

NOTE: Unsigned and/or incomplete forms will not be processed.

NOTE: Personal Information on this form is collected under the authority of the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c. M56, as amended. Inquires about the collection of personal information should be directed to the Municipal Clerk.

Additional Space if Needed: