



MUNICIPALITY OF  
**GREENSTONE**

**PROPERTY STANDARDS COMPLAINT FORM**

Date of Complaint: \_\_\_\_\_ Time of Complaint: \_\_\_\_\_

Complaint Details (location, time, date & particulars):

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Complainant's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Complainant's Address: \_\_\_\_\_

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Complainant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

All complaints shall be signed. Anonymous complaints will not be accepted.

Investigation & Action: \_\_\_\_\_

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Follow Up: \_\_\_\_\_

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Completion Date: \_\_\_\_\_ By: \_\_\_\_\_

Box 70 1800 Main Street Geraldton, ON P0T 1M0 Phone (807) 854-1100 Fax (807) 854-2025

Reference No. \_\_\_\_\_