



MUNICIPAL COMPLAINT FORM:

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| Name (please print): | |
| Mailing Address: | |
| Home phone #: | |
| Cell phone #: | |
| Email address: | |

Please provide:

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| Date related to complaint. | |
| Details of complaint. | |
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| Resolution requested. | |
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If you wish to provide additional information, please use the attached Schedule A form.
Please attach copies of all documents relevant to the complaint.

Please deliver your request in person to:

D.H. Rogers, Clerk
175 Bridge Street
Carleton Place, ON K7C 2V8

(Date)

(Signature of Complainant)

SCHEDULE "A"
(FOR ADDITIONAL INFORMATION IF REQUIRED)