



MUNICIPAL COMPLAINT FORM:

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

Please provide:

Date related to complaint:	
Details of complaint:	
Resolution Requested:	

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 to:

Stacey Blair, Town Clerk
175 Bridge Street
Carleton Place, ON K7C 2V8
Sblair@carletonplace.ca

Date

(Date)

Signature of Complainant

(Signature of Complainant)

SCHEDULE "A"
(FOR ADDITIONAL INFORMATION IF REQUIRED)

Additional Information