THE TOWN OF COLLINGWOOD
COMPLAINANT FORM

☐ Gen. By-Law ☐ Property Standards ☐ Parking
☐ Animal Control ☐ Other

Complainant	Surname:		First Name:	Initial:	Male ☐	Female ☐
	Address		City			
			Phone Home		Days **705**	

Property/Subject	Surname:		First Name:	Initial:	Male ☐	Female ☐
	Address		City			
	DOB	Month Day Year		Phone Home **705**	Days **705**	

Nature of Complaint:	**Date of Incident:**