



COMPLAINT FORM

Answers to questions with an asterisk (*) are mandatory.

Your Contact Information:

Please note that your personal information will remain confidential unless required in court.

First Name:* _____

Last Name:* _____

Primary Phone Number:* _____

Secondary Phone Number: _____

Address:* _____

Address/Location of Complaint

To assist in the processing of your complaint efficiently, the minimum information we require completed in this section is the address of the property for inspection. Any additional information you can provide such as a first and/or last name of the property owner is helpful but not essential.

Address:* _____

First Name: _____

Last Name: _____

Complaint information/Nature of Complaint

Dog Control	<input type="checkbox"/>	Unsightly Property	<input type="checkbox"/>
Business License	<input type="checkbox"/>	Noise	<input type="checkbox"/>
Waste Management	<input type="checkbox"/>	Snow and Ice removal	<input type="checkbox"/>
Signs	<input type="checkbox"/>	Other	<input type="checkbox"/>

Other Complaint:

(Describe the Nature of the complaint if not listed above)

Comment/Additional Details:

(This space is for your comments, further description of the violation and any other additional information which may be help to our Officer(s) upon the inspection of the property. Provide as much detail as possible such as backyard, type of garbage or debris, etc.)

The information on this form is being collected under the authority of the Town of Vauxhall and will be used to process the application and may be used to provide statistical data. The information is protected by the privacy provision of the Alberta Freedom of Information and Protection of Privacy Act

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