

*The Corporation of the
Municipality of Huron Shores*

Registered Complaint

file _____

Name _____

Address within Municipality _____

Ward _____ Phone _____

Mailing Address _____

Date _____ Phone _____

Reason for Complaint – (Be specific and include names of witnesses IF possible)

Action Requested – (Please describe in detail what you would like to see done to correct the situation)

Signature - _____



Office Use Only

Complaint Received by: _____ Date: _____ Time: _____

Infraction of By-law # _____

Council to be involved: _____ Date of Next Council Meeting: _____

Council Response _____

Date of Response: _____



P.O. Box 460, 7 Bridge Street, Iron Bridge, ON P0R 1H0

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