

COMPLAINT OF NON-COMPLIANCE

The Township of Howick
Property Standards By-law
Canine Control By-Law



**Municipal Address or Legal Description
of Property:**

Name of Occupant/Owner: _____

Unoccupied

Description of Violation: _____

I, _____ the undersigned named in the above do certify that the statements contained herein are true to the best of my knowledge.

Phone Number: _____

Address: _____

e-mail: _____

Date

Signature of Complainant

Please forward to:
Township of Howick
44816 Harriston Rd.
RR 1
Gorrie, ON N0G 1X0
www.howick.ca
bylaw@howick.ca

Personal Information contained on this form is collected under the authority of the *Municipal Act* for the purpose of responding to and tracking complaints. This information will be kept confidential.