



21 Trowbridge Street West
Meaford, Ontario
N4L 1A1
Phone: (519) 538-1060
Fax: (519) 538-5240

BY-LAW COMPLAINT FORM

Complainant's Name: _____ Phone: _____

Complainant's address: _____

Area and Location of Concern: _____

Nature of Complaint: (Be specific) _____

_____ Date

_____ Complainant

Notice: By signing or submitting this form by email, you are hereby giving permission to the Municipal Law Enforcement Officer for the Municipality of Meaford to summons you to court as a witness should this complaint end up in court action.