Municipality of Wawa
40 Broadway Avenue, P.O. Box 500
Wawa, ON P0S 1K0

PROPERTY STANDARDS COMPLAINT FORM

Complaint respecting property located at: _____

Name of Property Owner: _____

Owner's Address: _____ Phone No.: _____

Name of Tenant (if applicable): _____ Phone No.: _____

Details of Complaint:

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Printed Name of Complainant: _____ **(must be completed to be processed)**

Address: _____ Phone No.: _____

Signature: _____ Date: _____

(For Office Use Only)

Report of investigation:

_____

_____

Property Standards Officer: _____