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**MUNICIPALITY OF HASTINGS HIGHLANDS**

**Bylaw Enforcement Office**

**Formal Complaint Report**

Description of Complaint:	<input type="checkbox"/> Noise	<input type="checkbox"/> Dog	<input type="checkbox"/> Other:
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Date and Time of Occurrence:

Details of Occurrence:


Location of Occurrence:


**Complainant Information: \* You MUST include this information as your services may be required for Court.**

Name(s):

Address:

Telephone number(s):

Email:

**IMPORTANT**

This document **MUST** be completed in its entirety, including the check box below. Once completed, forward this document to the municipal office by mail, facsimile or email as indicated above. If you require an update on the status of your complaint contact Bylaw Enforcement Officer Dawn Bowers at extension 235 who will contact Bylaw Officer

By ticking this circle you agree that the details contained herein are true to the best of your knowledge.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_