

Date Received \_\_\_\_\_

File No. \_\_\_\_\_



## Town of Smooth Rock Falls Municipal Complaint Form

Please complete the form below in its entirety in order to file a complaint with the Town of Smooth Rock Falls. Please include as much detail as possible to ensure that your concern can be investigated promptly and accurately by a Municipal Law Enforcement Officer

**Please tell us about yourself**

Personal information collected on this form is collected under the authority of the Municipal Freedom of Information and Protection of Privacy Act and will be kept in the strictest of confidence. Questions regarding the collection of this information should be directed to the Town Clerk.

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Address #

\_\_\_\_\_  
Unit #

\_\_\_\_\_  
Street Name

\_\_\_\_\_  
Municipality

\_\_\_\_\_  
Daytime Telephone Number

\_\_\_\_\_  
Evening Telephone Number

\_\_\_\_\_  
Email Address

**Please provide us with the address of the property with which you're concerned**

If you're unsure of the address, please provide us with a description of the location in the comments box below

\_\_\_\_\_  
Address #

\_\_\_\_\_  
Unit #

\_\_\_\_\_  
Street Name

**Please provide us with a description of your concern**

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\_\_\_\_\_  
Signature