



Rural Municipality of
LAKESHORE

Complaint/Request

Application Form

Roll # _____

To be completed by Applicant

Name of Applicant: _____ Date: _____

Address of Applicant: _____

Home Phone: () - _____ Work: () - _____ Cell: () - _____

Email: _____

Nature of complaint: Property Animal Other: _____

Address of Concern: _____ Date of Incident: _____

Complaint/Request: _____

If you are making an animal complaint, please answer the following:

Animal Owner: _____

Type: _____ Colour: _____

Breed: _____ Distinguishing Features: _____

Municipal Office Use Only

Date: _____ Name of Employee: _____ By-Law #: _____

Correspondence Sent: _____ Compiled: Yes No Date: _____

By-law Control Officer Name: _____ Enforcement Date: _____

Offence #: _____ Fine Status: _____

By-Law Controller Comments:

Office Comments: _____

Costs of Municipal Works Billed to Rate Payers

Materials	
Labour & Equipment	
TOTAL COST	

Invoice #: _____ Date: _____

Office Use

Ward: _____ Forwarded to Councillor: Yes Date: _____