



MUNICIPALITY OF CENTRAL ELGIN  
 PROPERTY STANDARDS & BY-LAW ENFORCEMENT  
 REPORTING FORM  
 450 SUNSET DRIVE, ST. THOMAS, ON N5R 5V1  
 519-631-4860 ~ [lbach@centralelgin.org](mailto:lbach@centralelgin.org)

COMPLAINT #:

|               |  |        |  |
|---------------|--|--------|--|
| REPORTED BY:  |  |        |  |
| ADDRESS:      |  |        |  |
| PHONE NUMBER: |  | EMAIL: |  |

I HAVE A CONCERN ABOUT THE FOLLOWING PROPERTY:

|          |  |
|----------|--|
| ADDRESS: |  |
| OWNER:   |  |

THE FOLLOWING ARE MY CONCERNS:

|            |  |       |  |
|------------|--|-------|--|
|            |  |       |  |
|            |  |       |  |
|            |  |       |  |
|            |  |       |  |
| SIGNATURE: |  | DATE: |  |

|                            |                   |                           |  |
|----------------------------|-------------------|---------------------------|--|
| OFFICE USE ONLY            | CONDITIONS FOUND: |                           |  |
|                            |                   |                           |  |
|                            |                   |                           |  |
|                            |                   |                           |  |
|                            |                   |                           |  |
| DATE ORDER ISSUED:         |                   | COMPLIANCE ACHEIVED DATE: |  |
| BY-LAW ENFORCEMNT OFFICER: |                   |                           |  |

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