

Township of Asphodel-  
Norwood  
2357 County Rd 45  
PO Box 29  
Norwood, ON K0L 2V0



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Fax: 705-639-1880  
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## BYLAW ENFORCEMENT COMPLAINT FORM

COMPLAINT AGAINST \_\_\_\_\_

CIVIC/MAIL ADDRESS \_\_\_\_\_

I, \_\_\_\_\_ (*print name*) do hereby lay and serve complaint(s) against the above mentioned property owner, feeling that the said property does not conform to the By-laws, as amended, of the Township of Asphodel-Norwood, as follows:

**Complaint Type:** (please indicate with an X in the appropriate box)

Property Standards       Zoning       Fencing       Noise       Other

**Description of the Complaint:** (please use the back of this form if further space is required)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby further declare that if required, I will provide or present evidence in support of this complaint, at any hearing(s) of the Appeals Committee or Court of Law of Ontario.

SIGNATURE \_\_\_\_\_ SIGNED this \_\_\_ day of \_\_\_\_\_, 20

ADDRESS \_\_\_\_\_

TELEPHONE NO. (home) \_\_\_\_\_ (work) \_\_\_\_\_

Do you wish to be contacted at a later date and informed of the officer's findings? Yes/No

**Note: Unsigned and/or incomplete forms will not be processed.**

**Note: Personal information contained on this form is subject to the provisions of the Freedom of Information Act**