



Municipality of Port Hope  
56 Queen Street  
Port Hope, ON L1A 3Z9  
Tel: 905.885.2431 Fax: 905.885.0507  
**Office Location: 5 Mill Street South**

**FILE NUMBER** \_\_\_\_\_

## PROPERTY STANDARDS COMPLAINT RECORD

### Complaint Against:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

### NATURE OF COMPLAINT:

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### Tenants Only:

As a tenant of the above names apartment/unit/room, I have contacted the property owner or manager in writing and given them an opportunity to address the above noted complaints prior to submitting this complaint.

Landlord Name: \_\_\_\_\_ Phone No. \_\_\_\_\_

**I hereby 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.**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Email: \_\_\_\_\_

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

