

CITY OF CANTON COMPLAINT FORM

COMPLAINT DESCRIPTION

DATE/TIME _____ LOCATION OF COMPLAINT _____

PROPERTY OWNER _____ TENANT _____

DESCRIPTION OF COMPLAINT (USE BACK OF FORM IF NECESSARY)

DO YOU WANT THIS COMPLAINT TAKEN TO THE CITY COUNCIL? _____

CONTACT INFORMATION

NAME _____ PHONE NUMBER _____

ADDRESS _____

EMAIL ADDRESS _____

ACKNOWLEDGEMENT

SIGNATURE _____ DATE _____

To the best of my knowledge, the information I have provided is true and factual.

RETURN TO CANTON CITY HALL

TO BE COMPLETED BY THE CITY

DATE RECEIVED _____ REVIEWED BY _____

ACTION TAKEN _____
