



## COMPLIANCE REQUEST FORM TEMPLATE

PORT COLBORNE

Landlord information (Name, address):	
Date (Date you filled out form):	
Address (Your address):	
City (City you live in):	Postal Code:

I (your name here), would like to bring forward the following complaint(s) that have been ongoing in my apartment unit. I am bringing them to your attention in hopes that you fix them without further actions required.

Complaint (Description of complaint, as specific as possible):	(Location: Kitchen, Bathroom etc):
(Location of area such as- Kitchen sink has no running water)	
Complaint (Description of complaint, as specific as possible):	
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Because of these complaints, I would like to see these problems resolved by: (Date, must be a reasonable amount of time to perform the work.)

Sincerely,

(Signature)

**TURN PAGE**

Name (Print name):
Contact Information (Phone number, email or other means to contact you):
Date (Date you signed the form):

(Bring a copy of this form to City Hall 66 Charlotte St, Port Colborne, second floor and see By-laws staff)