

COMPLIANCE REQUEST FORM

Landlord Information:	
Date:	
Address:	
City:	Postal Code:

I _____, 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:
Complaint:
Complaint:
Complaint:

For additional complaints please attach papers and initial here. Paper attached: _____

Because of these complaints, I would like to see these problems resolved by: _____

Sincerely,

Name:	
Contact Information:	
Date:	

cc: Bylaw Enforcement Division, City of Port Colborne