MUNICIPALITY OF KINGSTON – RESIDENT COMPLAINT

DATE: ___________ HOW REC’D: ___________ NAME: ________________________________

ADDRESS/TELEPHONE#: _______________________________________________________

PROBLEM LOCATION: _________________________________________________________

PROBLEM OWNER NAME & ADDRESS: ___________________________________________

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NATURE OF COMPLAINT:

_____ ANIMALS/RODENTS/PESTS     _____ BUILDING WITHOUT A PERMIT

_____ GRASS/WEEDS TOO HIGH       _____ SNOW AND/OR ICE REMOVAL

_____ PROPERTY MAINTENANCE       _____ SANITATION

_____ STORAGE OF VEHICLE         _____ MISCELLANEOUS

_____ ABANDONED VEHICLE ON PROPERTY

COMPLAINT: _____________________________________________________________

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