

**MUNICIPALITY OF THE DISTRICT OF DIGBY
DANGEROUS OR UNSIGHTLY PREMISES
COMPLAINT FORM**

Date: _____

Name of Land Owner: _____

Location of Property:

CIVIC NUMBER _____

Reason for Complaint:

Attach letter if additional room is required

Complaint Filed By: _____

Address: _____

Phone: _____

E-mail (optional) _____

Signature
(required) _____

Date Received by

Municipality: _____