

Township of Emo Complaint Form

P.O. Box 520, 39 Roy Street, Emo, ON, POW 1E0
Telephone: 482-2378 Fax: 482-2741 Email: township@emo.ca Website: www.emo.ca

Reference:	Yes		No	
Facility ID:				
Name of Person	with Compla	int:		
Address:				
City:		Province:	Postal Code:	
Date of Compla	int:		Postal Code: Time of Complaint:	
Nature of Comp	olaint/Descript	tion		
□ Noise:				
☐ Service Probl	em:			
□ visuai:				
□ Sludge Relate	ed:			
□ Odor:				
Udiei:				
☐ Taste/Colour	:			
Action Taken in				
Was the source Was the source		n identified? cility/activity?	If yes, describe:	