REPORT A CONCERN

LLOYDMINSTER

Submission Date	Date:	**OFFICE USE ONLY**
PROJECT	Municipal Address: Municipal Tax Roll #: Zoning: Legal Description: Lot: Block: Legal Plan:	**COMPLAINT #:** **INITIAL INSPECTION DATE:** **PHOTOS TAKEN:** ☐ Yes ☐ No ☐ N/A **RE-INSPECTION REQUIRED:** ☐ Yes ☐ No ☐ N/A
APPLICANT INFORMATION	Applicant Name: Address: Province: Postal Code: Phone: Email:	**RE-INSPECTION DATE:** **DEFICIENCIES CORRECTED:** ☐ Yes ☐ No ☐ N/A **OTHER DEPARTMENTS INVOLVED:** **PERMITS REQUIRED:** **FILE CLOSED DATE:**
NATURE OF COMPLAINT		
DEVELOPMENT OFFICER ASSESSMENT (OFFICE USE ONLY)	**Development Officer**	**Date**

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