



#7 MILNE STREET, BOX 359  
MINDEN, ONTARIO KOM 2K0  
(705) 286-1260  
www.mindenhills.ca

## SHORT-TERM RENTAL COMPLAINT FORM

DATE: \_\_\_\_\_

911 ADDRESS OF SUBJECT PROPERTY: \_\_\_\_\_

OWNER OF SUBJECT PROPERTY: \_\_\_\_\_

I, \_\_\_\_\_ do hereby lay and serve complaint against the owner of the above-noted property with respect to the following conditions that are occurring and may not conform to the Short-Term Rental By-law of the Township of Minden Hills.

What best describes the issue you are reporting:

- |   |  |
|---|--|
| <input type="checkbox"/> Unauthorized Short-Term Rental | <input type="checkbox"/> Noise Issues                |
| <input type="checkbox"/> Parking Related Issues         | <input type="checkbox"/> Fraudulent Owner Occupation |
| <input type="checkbox"/> Violations of Occupancy Limits | <input type="checkbox"/> Other Types of Nuisances    |
| <input type="checkbox"/> Advertising Violation          |  |

Those conditions are: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hereby further declare that if required, I will attend and testify in support of this complaint in any Court of Law in Ontario.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 2024.

**Please Print:**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Signature: \_\_\_\_\_

**Complaints are confidential until such time as the complainant may be asked to testify in support of the complaint.**