



# Weed Control Complaint Form

The United Counties of Stormont, Dundas and Glengarry  
26 Pitt Street Cornwall, Ontario, K6J 3P2  
613-932-1515

Date: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

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

City: \_\_\_\_\_

Postal Code: \_\_\_\_\_

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Location of Weed Problem:

Reason for Complaint:

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(Department Use)

Comments:

Date Inspected:

Inspected By:

**Please forward the completed form to:**

**Weed Inspector:** Peter Leyenaar

**Email:** [pk1@xplornet.com](mailto:pk1@xplornet.com) **Phone Number:** 613-774-3885