

CORPORATION OF THE MUNICIPALITY OF CALVIN

BY-LAW NO. 2018-013

BEING A BY-LAW TO APPOINT AN INSPECTOR TO INVESTIGATE COMPLAINTS UNDER THE RESIDENTIAL TENANCIES ACT FOR THE CORPORATION OF THE MUNICIPALITY OF CALVIN.

WHEREAS authority is given pursuant to Section 226.1 of the Residential Tenancies Act, c.25, Sched. 5, s.6 which provides that a local municipality may appoint inspectors for the purposes of investigating complaints for the purpose of issuing Work Orders,

AND WHEREAS Section 226.2 provides that a local municipality shall monitor compliance with the prescribed maintenance standards, and investigate alleged offences including failure to comply with a Work Order and, if circumstances warrant, to commence prosecution,

AND WHEREAS Section 230 (1) provides that an inspector appointed by a local municipality under Section 226.1 may, at all reasonable times, and upon producing proper identification, enter any property for the purposes of carrying out the requirements under the Residential Tenancies Act (RTA), 2006,


AND WHEREAS the Municipality of Calvin does not have a municipal property standards by-law and therefore is required to enforce Ontario Regulation 517/06 "Maintenance Standards" which apply to residential rental properties,

AND WHEREAS the Council of the Corporation of the Municipality of Calvin deems it expedient to enact such a by-law;

NOW THEREFORE the Council of the Corporation of the Municipality of Calvin enacts as follows:

1. That Jacob Grove be hereby appointed as Inspector for the purposes of the Residential Tenancies Act, 2006 for the Corporation of the Municipality of Calvin, and;
2. That all Forms Pertaining to the Enforcement of the RTA be and are hereto attached as Schedules "A" and "B", and;
3. That this by-law shall come into full force and effect on July 1, 2018.

READ A FIRST AND SECOND TIME this 12th day of JUNE, 2018.
READ A THIRD TIME AND FINALLY PASSED BEFORE AN OPEN COUNCIL
this 12th day of June, 2018.


MAYOR


CLERK-TREASURER



**The Corporation of the Municipality of Calvin –
Ontario Regulation 517/06**

Schedule A to By-Law No. 2018-013

**Tenant Complaint about Maintenance of Rental Units
Within The Municipality of Calvin**

Use this form if you have requested repairs for your rental unit and/or building to your landlord and the repairs have not been addressed in reasonable amount of time. Before filling out the form, please read the following instructions carefully. Providing insufficient or inaccurate information may result in delays in processing your complaint.

Part I: Instructions

To fill out this form:

1. You must currently reside in the rental unit which is the subject of this form.
2. You need to provide a valid property address, your contact information, and the contact information of your landlord.
3. You should have informed the landlord, property manager or superintendent of the issue in writing and given them a reasonable amount of time to correct the problem. You may be asked to provide proof of such communication.
4. You should contact your municipality to confirm if it has a property standards bylaw covering residential rental maintenance. The Province may not have jurisdiction to handle your complaint if your municipality has a property standards bylaw.
5. You may also seek recourse for a residential rental property maintenance issue by filing an Application about Maintenance with the Landlord and Tenant Board. Filing a complaint with your local municipality and filing an application with the Board are separate processes.

Please confirm the following:

- I have informed the landlord, property owner or superintendent of the maintenance issue in writing and given them a reasonable amount of time to resolve the issue before submitting this complaint.
- I have included a copy of the documentation used to inform the landlord of the maintenance issue with this form.
- I have contacted my municipality and confirmed that it does not have jurisdiction to deal with this maintenance issue.

Name of contact person at the municipality:

Position title of contact person:

Phone number of contact person:

Date of contact:

Part II: General Information (please type or print clearly)

Property Information	Property address (e.g. street, lot number, etc.)		Postal code
	Unit #	City or Town	Province
Tenant(s) Information	Name of Tenant(s)		Postal code
	Mailing address if different from above		Province
	Unit #	City or Town	
	Daytime phone number		Evening phone number
	Email address		
Landlord(s) Information	Name of Landlord(s)		
	Mailing address		Postal code
	Unit #	City or Town	Province
	Daytime phone number		Evening phone number

Part III: Background Information

What type of building do you live in? Check an appropriate box.

- House Basement apartment Mobile Home Condominium Apartment
 Townhouse Rooming House Land-lease Community Trailer Other

Where are your maintenance problems located? Check all appropriate boxes.

- Living Room Basement Kitchen Bedroom Bathroom Yard Hallways Roof
 Other _____

Part IV: Details about your maintenance complaint

Please describe your maintenance issue. Check all appropriate boxes.

- Structural elements Plumbing/drainage Electrical Heating Ventilation
 Mechanical Lighting Safety/ security General maintenance Other

You may elaborate on the maintenance problem you are having using this space. You may attach additional pages, if required.

Part V: Authorization (please ensure that your complaint is dated and signed)

Signature of Tenant or the Tenant's Agent:

Date:

LETTER TO TENANT: ACKNOWLEDGEMENT - RECEIPT OF COMPLAINT

Month, Day, Year

NAME

Street

City, Province Postal Code

Re: Address of Tenant

File No.:

We have received your written complaint concerning maintenance issues at your rental premises on {Date letter was received}.

An Inspector from the Municipality of Calvin will contact you to arrange a suitable date and time for the Inspector to inspect your premises. If a Work Order is issued following the inspection, a copy will be mailed to you.

If you have any questions about this letter, please contact me at (705) 744-2700 and refer to the above-noted file number.

Yours truly,

NAME

Clerk-Treasurer

PRELIMINARY INSPECTION REPORT / DRAFT WORK ORDER

As an Inspector for the Municipality of Calvin, I carried out an inspection of the rental property listed below under the authority of the *Residential Tenancies Act, 2006*.

PART I: PROPERTY INFORMATION

Address inspected (i.e. Street / Lot, Concession & Township / Emergency number)	Unit or apartment No.
City / Town / Township / Village	Postal Code
Date of Inspection (MM / DD / YY)	Work order to be issued against: Unit Complex Both
Summary Description of Property	
Parties in Attendance	

Part II: STRUCTURAL ELEMENTS

Joists; beams; piers; foundation wall; basement / cellar or crawlspace; floor / slab; posts; exterior wall cladding; roof; shingles; eaves troughs; downspouts; fascia; soffit; fences; retaining walls; grading; drainage; other

Part III: UTILITIES AND SERVICES

PLUMBING	Septic tanks; holding tank; weeping tile; plumbing; kitchen sink; toilet; bathtub; shower stall; taps; faucets; shower head; hot / cold water system; lock on door; floor, walls, ceiling around bathtub or shower; other
ELECTRICAL	Electrical panel; overfusing; wiring; switches; outlets; junction box; extension cords; hydro meter; other
HEATING	Heating appliance; portable heater as primary source; fuel supply; fuel storage; chimney; fan; pump; filtration equipment; adequate ventilation; other
LIGHTING AND VENTILATION	Artificial / natural lighting; fixtures; exterior common area; natural or mechanical ventilation; chimney; smoke pipes; flues; gas vents; windows; other

Part IV: SAFETY AND SECURITY

Guards; handrails; exterior common areas; driveways; ramps; parking garages; walkways; landings; exterior stairs; exterior food / window lock; safety devices on windows; intercom systems; security devices for parking and storage areas; mailbox delivery slot; other

Part V: MOBILE HOME PARKS AND LAND LEASE COMMUNITIES

Supply of potable water; water pressure; water for fire fighting purposes; hydrants; roads; holes in ground; mail boxes; space between mobile homes less than 10 feet (3 metres); holding tanks; sewage systems; electrical supply; connections to mobile home; other

Part VI: GENERAL MAINTENANCE

Floors; stairs; porch; deck; balcony; cabinets; cupboards; shelves; counter tops; interior walls; ceilings; appliances; locker room; storage areas; garbage containers; pests; openings permitting entry of pests; interior doors; screens; other

PART VII: REFERRALS

HEALTH UNIT	
FIRE DEPARTMENT	
MUNICIPAL	
ELECTRICAL SAFETY AUTHORITY	
TECHNICAL STANDARDS & SAFETY AUTHORITY	
OTHER	

PART VIII: AUTHORIZATION

Inspector's Name (Print or type)	Inspector's Signature	Date (MM / DD / YY) / /

REFERRAL

Electrical Safety Authority	Health Unit	Technical Standards & Safety Authority	Fire Department	Municipal	Another Agency
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PART I: REFERRAL TO

REFERRAL AGENCY INFORMATION	Contact Person	E-mail
	Agency Name	@
	Mailing Address	
	City/Town/Township/Village	Postal Code
	Telephone () -	Fax No () -

PART II: GENERAL INFORMATION ON PROPERTY REFERRED

PROPERTY INFORMATION	Address Inspected (i.e. Street/Lot, Concession & Township/Emergency Number)	Unit of Apartment No.
	City/Town/Township/Village	Postal Code

LANDLORD / OWNER INFORMATION	Name of Landlord	E-mail
	Mailing Address	@
	City/Town/Township/Village	Postal Code
	Province/State	Country
	Daytime Telephone () -	Evening Telephone () -

TENANT INFORMATION	Name of Tenant	E-mail
	Mailing Address (If different from Property Information above)	@
	City/Town/Township/Village	Postal Code
	Daytime Telephone () -	Evening Telephone () -

PART III: REASON FOR REFERRAL

This is to inform you that the Municipality of Calvin has received notice that there is a maintenance problem at the above-noted address. As an Inspector for the Municipality of Calvin, I carried out an inspection of this rental property on (MM/DD/YY) _____ under the authority of the *Residential Tenancies Act, 2006*.

The item(s) listed on this form relate to this complaint and may be within your area of jurisdiction.

We are asking that you consider investigating the problem(s). Please advise the Municipality of Calvin as to what action you have taken with respect to this complaint.

ELECTRICAL SAFETY AUTHORITY

PART IV: DETAILS OF REFERRAL

	DEFECT	LOCATION
<input type="checkbox"/>	Branch circuit panel defective	
<input type="checkbox"/>	Main fuses / switch box in poor condition	
<input type="checkbox"/>	Switch defective	
<input type="checkbox"/>	Unprotected junction boxes / switches	
<input type="checkbox"/>	Defective junction boxes	
<input type="checkbox"/>	Overfusing or bypassing	
<input type="checkbox"/>	Fixture defective	
<input type="checkbox"/>	Switch / receptacle arching	
<input type="checkbox"/>	Unapproved electrical equipment (Type:)	
<input type="checkbox"/>	Equipment wearing out in service (Type:)	
<input type="checkbox"/>	Deteriorated or bare insulation	
<input type="checkbox"/>	Poor or improper ground connection	
<input type="checkbox"/>	Improper joints and splices	
<input type="checkbox"/>	Unprotected joints and splices	
<input type="checkbox"/>	Improperly secured permanent wiring	
<input type="checkbox"/>	Improperly secured or loose fixtures	
<input type="checkbox"/>	Insufficient outlets	
<input type="checkbox"/>	Improper extensions to permanent wiring	
<input type="checkbox"/>	Extension cord wiring	
<input type="checkbox"/>	Octopus wiring	
<input type="checkbox"/>	Duplex outlet defective	
<input type="checkbox"/>	Improper use of flexible cord	
<input type="checkbox"/>	No duplex outlet	
<input type="checkbox"/>	Duplex outlet improperly located	
<input type="checkbox"/>	Flexible cord run through partition walls / floors	
<input type="checkbox"/>	Excessive cord run under rugs, etc.	
<input type="checkbox"/>	Frayed lamp or extension cord	
<input type="checkbox"/>	Outdoor wiring fixtures not approved for exterior use	
<input type="checkbox"/>	EXTERIOR overhead wiring bare or deteriorated	
<input type="checkbox"/>	Exterior overhead wiring improperly secured to building	
<input type="checkbox"/>	Other – Specify _____	
<input type="checkbox"/>	Other – Specify _____	
<input type="checkbox"/>	Other – Specify _____	

PART V: AUTHORIZATION

Inspector's Name	Inspector's Signature	Date of Referral (MM/DD/YY)
		/ /

FIRE DEPARTMENT

PART IV: DETAILS OF REFERRAL

COMBUSTIBLES & GASES

- Oil rags not stored in a covered metal container
- Propane tanks inside buildings

FIRE SEPARATIONS

- Fire separation damaged
- Closures damaged, not latching, blocked
- Door hardware damaged, inoperable or missing
- Fire separation missing

FLAMMABLE LIQUIDS

- Gasoline inside dwelling
- Gasoline used for cleaning
- Excessive amount of flammable liquids inside home
- Fuel storage too close to appliance

RUBBISH & STORAGE

- Refuse stored inside home
- Refuse stored inside garage or shed
- Refuse or storage blocking exterior doors

FIRE PROTECTION

- Fire alarm and detection systems
- Standpipe systems
- Portable extinguishers
- Hydrants and water supplies
- Sprinkler systems
- Voice communication system

MEANS OF EGRESS

- Self-closing door hardware
- Stairwell doors damaged, not latching, blocked
- Stairwell fire separation damaged
- Obstructed corridors, passageways
- Exit doors
- Exit signs and lighting
- Emergency lighting inoperable
- Secondary means of egress required

ELECTRICAL FIRE HAZARDS

Fuses

- Overfusing or by-passing

Extensions or Appliance Cords

- Splices in extension or appliance cords
- Extension cords under rugs/carpets
- Extension cords fastened to walls/other surfaces
- Extension cords used for permanent wiring

Electrical Equipment & Appliances

- Drop cords used to operate appliances
- Electric heaters or lamps too close to combustibles
- Unapproved or home-made appliances

Arching or Overheating Electrical Equipment

- Motors
- Switches
- Receptacles
- Fixtures
- Wiring

HEATING EQUIPMENT

Chimneys, Flues & Fluepipes

- Chimneys
- Loose bricks
- Open mortar joints
- Unapproved prefabricated chimneys
- Corroded or loose fluepipe
- Combustible material on or near smokepipe
- Flue clean-out openings
- Creosote build-up
- Chimney liners damaged
- Duct require cleaning

Space Heaters & Furnaces

- Combustible material too close to heating unit
- Fire box defective
- Furnace not accessible

Fireplaces

- No spark screen across fireplace opening
- Inadequate clearance from wall/floor (wood stove)

OTHER COMMENTS

PART V: AUTHORIZATION

Inspector's Name	Inspector's Signature	Date of Referral (MM/DD/YY)
		/ /

OTHER

PART IV: DETAILS OF REFERRAL

[Empty space for details of referral]

PART V: AUTHORIZATION

Inspector's Name	Inspector's Signature	Date of Referral (MM/DD/YY)
		/ /

IN THE MATTER OF

Municipal Address: Address of rental unit
Property Assessment Roll No: 0000-000-000-00000
Landlord: First Name, Last Name
 Address
Date of Inspection: Date of Inspection
Work Order Issued Against: House/Farm house/common areas
Description of Property: 2 - Storey, Brick, 1 Family Residential House
File Number: 00-00000

PARTICULARS OF WORK ORDER TO BE PERFORMED

Inspection of the residential complex located at the above-noted municipal address indicates areas of non-compliance with the prescribed provincial Maintenance Standards as set out in the Ontario Regulation 517/06 made under the *Residential Tenancies Act, 2006*. The following work order is required in order to achieve compliance with the prescribed maintenance standards:

STRUCTURAL ELEMENTS		
Item No.	Required Work	Compliance Period
1.		30 days

UTILITIES AND SERVICES (PLUMBING)		
Item No.	Required Work	Compliance Period
2.		30 days

UTILITIES AND SERVICES (ELECTRICAL)		
Item No.	Required Work	Compliance Period
3.		30 days

UTILITIES AND SERVICES (HEATING)		
Item No.	Required Work	Compliance Period
4.		30 days

UTILITIES AND SERVICES (LIGHTING AND VENTILATION)		
Item No.	Required Work	Compliance Period
5.		30 days

SAFETY AND SECURITY		
Item No.	Required Work	Compliance Period
6.		30 days

MOBILE HOME PARK AND LAND LEASE COMMUNITIES		
Item No.	Required Work	Compliance Period
7.		30 days

GENERAL MAINTENANCE		
Item No.	Required Work	Compliance Period
8.		30 days

COMPLIANCE PERIOD START DATE

The compliance period(s) noted in the work order begin on: DATE

REVIEW OF WORK ORDER

If you do not agree with the terms set out in the work order, you may apply to the Landlord and Tenant Board by filing an L6 application (Application to Review a Provincial Work Order). You can contact the Landlord and Tenant Board at 1-888-332-3234 or visit their website at www.ltb.gov.on.ca. This application must be made no later than 20 days after the work order was issued.

INSPECTOR

Signature stamp

Date

First Name & Last Name, Inspector

Date Order Issued

T

REFERRALS

Complete the appropriate referrals from those that follow and delete this instruction).

Fire:	
Electrical:	
Health:	
Building:	
Other:	

Letter to Landlord – Issuance of Work Order

Month, Day,

Year NAME

Street

City, Province Postal Code

Re: Address of Complaint

File No.:

The Municipality of Calvin received a written complaint about maintenance at the above-noted property. This property was subsequently inspected and our Inspector {name of Inspector} found that it did not meet the maintenance standards required by Ontario Regulation {xxxx} made under the *Residential Tenancies Act, 2006* (the Act). As a result, a Work Order has been issued, which sets out the repair work that must be completed at the property and the time frame(s) for completing the work. A copy of the Work Order is attached.

If you do not agree with the terms of the Work Order, you may appeal the Work Order by filing an L-6 application “Application for Review of a Provincial Work Order”, with the Landlord and Tenant Board (the Board). This application must be filed by {Date-20 days from date Work Order issued}. To obtain the proper forms and further information on the process, contact the Board at 1-888-332-3234.

The property will be re-inspected on or shortly after the compliance period noted in the Work Order to determine if the defects have been corrected.

Please note that it is an offence under the Act not to comply with the terms of a Provincial Work Order. If a landlord is found guilty of an offence, the penalty upon conviction is a fine of not more than \$25,000 for an individual and not more than \$100,000 for a corporation.

When all the items on the Work Order have been completed, please advise us in writing so that we may arrange for a re-inspection of the property. If the Inspector confirms that the terms of the Work Order have been satisfied, we will close the Work Order file.

If you have any questions about this letter, please contact { } at 705-744-2700 and refer to the above-noted file number. Yours

Truly,

NAME

Clerk-Treasurer

Enclosure

cc {Inspector’s Name}

{Tenant}

{Any referrals}

RE-INSPECTION REPORT

As an Inspector for the Municipality of Calvin, I carried out a re-inspection of the rental property listed below under the authority of the *Residential Tenancies Act, 2006*.

PART I: PROPERTY INFORMATION

Address Inspected (i.e. Street / Lot, Concession & Township / Emergency number)	Unit or apartment No.
City / Town / Township / Village	Postal Code
Date of inspection (MM / DD / YY) / /	Work order to be issued against: Unit Complex Both

Summary Description of Property

Parties in Attendance

Part II: STRUCTURAL ELEMENTS

Work Order Item #	<p>Joists; beams; piers; foundation wall; basement / cellar or crawlspace; floor / slab; posts; exterior wall cladding; roof; shingles; eaves troughs; downspouts; fascia; soffit; fences; retaining walls; grading; drainage; other</p> <p><input type="checkbox"/> Full Compliance <input type="checkbox"/> Partial Compliance <input type="checkbox"/> Non-Compliance</p> <p>Comments:</p>
Work Order Item #	<p><input type="checkbox"/> Full Compliance <input type="checkbox"/> Partial Compliance <input type="checkbox"/> Non-Compliance</p> <p>Comments:</p>
Work Order Item #	<p><input type="checkbox"/> Full Compliance <input type="checkbox"/> Partial Compliance <input type="checkbox"/> Non-Compliance</p> <p>Comments:</p>
Work Order Item #	<p><input type="checkbox"/> Full Compliance <input type="checkbox"/> Partial Compliance <input type="checkbox"/> Non-Compliance</p> <p>Comments:</p>

Part III: UTILITIES AND SERVICES

<p>PLUMBING</p> <p>Work Order Item #</p> <p>Work Order Item #</p> <p>Work Order Item #</p> <p>Work Order Item #</p>	<p>Septic tanks; holding tank; weeping tile; plumbing; kitchen sink; toilet; bathtub; shower stall; taps; faucets; shower head; hot / cold water system; lock on door; floor, walls, ceiling around bathtub or shower; other</p> <p><input type="checkbox"/> Full Compliance <input type="checkbox"/> Partial Compliance <input type="checkbox"/> Non-Compliance</p> <p>Comments:</p> <p><input type="checkbox"/> Full Compliance <input type="checkbox"/> Partial Compliance <input type="checkbox"/> Non-Compliance</p> <p>Comments:</p> <p><input type="checkbox"/> Full Compliance <input type="checkbox"/> Partial Compliance <input type="checkbox"/> Non-Compliance</p> <p>Comments:</p> <p><input type="checkbox"/> Full Compliance <input type="checkbox"/> Partial Compliance <input type="checkbox"/> Non-Compliance</p> <p>Comments:</p>
<p>ELECTRICAL</p> <p>Work Order Item #</p> <p>Work Order Item #</p> <p>Work Order Item #</p> <p>Work Order Item #</p>	<p>Electrical panel; overfusing; wiring; switches; outlets; junction box; extension cords; hydro meter; other</p> <p><input type="checkbox"/> Full Compliance <input type="checkbox"/> Partial Compliance <input type="checkbox"/> Non-Compliance</p> <p>Comments:</p> <p><input type="checkbox"/> Full Compliance <input type="checkbox"/> Partial Compliance <input type="checkbox"/> Non-Compliance</p> <p>Comments:</p> <p><input type="checkbox"/> Full Compliance <input type="checkbox"/> Partial Compliance <input type="checkbox"/> Non-Compliance</p> <p>Comments:</p> <p><input type="checkbox"/> Full Compliance <input type="checkbox"/> Partial Compliance <input type="checkbox"/> Non-Compliance</p> <p>Comments:</p>

HEATING	Heating appliance; portable heater as primary source; fuel supply; fuel storage; chimney; fan; pump; filtration equipment; adequate ventilation; other
Work Order Item #	<input type="checkbox"/> Full Compliance <input type="checkbox"/> Partial Compliance <input type="checkbox"/> Non-Compliance Comments:
Work Order Item #	<input type="checkbox"/> Full Compliance <input type="checkbox"/> Partial Compliance <input type="checkbox"/> Non-Compliance Comments:
Work Order Item #	<input type="checkbox"/> Full Compliance <input type="checkbox"/> Partial Compliance <input type="checkbox"/> Non-Compliance Comments:
Work Order Item #	<input type="checkbox"/> Full Compliance <input type="checkbox"/> Partial Compliance <input type="checkbox"/> Non-Compliance Comments:

LIGHTING AND VENTILATION	Artificial / natural lighting; fixtures; exterior common area; natural or mechanical ventilation; chimney; smoke pipes; flues; gas vents; windows; other
Work Order Item #	<input type="checkbox"/> Full Compliance <input type="checkbox"/> Partial Compliance <input type="checkbox"/> Non-Compliance Comments:
Work Order Item #	<input type="checkbox"/> Full Compliance <input type="checkbox"/> Partial Compliance <input type="checkbox"/> Non-Compliance Comments:
Work Order Item #	<input type="checkbox"/> Full Compliance <input type="checkbox"/> Partial Compliance <input type="checkbox"/> Non-Compliance Comments:
Work Order Item #	<input type="checkbox"/> Full Compliance <input type="checkbox"/> Partial Compliance <input type="checkbox"/> Non-Compliance Comments:

Part IV: SAFETY AND SECURITY

Work Order Item #	Guards; handrails; exterior common areas; driveways; ramps; parking garages; walkways; landings; exterior stairs; exterior food / window lock; safety devices on windows; intercom systems; security devices for parking and storage areas; mailbox delivery slot; other <input type="checkbox"/> Full Compliance <input type="checkbox"/> Partial Compliance <input type="checkbox"/> Non-Compliance Comments:
Work Order Item #	<input type="checkbox"/> Full Compliance <input type="checkbox"/> Partial Compliance <input type="checkbox"/> Non-Compliance Comments:
Work Order Item #	<input type="checkbox"/> Full Compliance <input type="checkbox"/> Partial Compliance <input type="checkbox"/> Non-Compliance Comments:
Work Order Item #	<input type="checkbox"/> Full Compliance <input type="checkbox"/> Partial Compliance <input type="checkbox"/> Non-Compliance Comments:

Part V: MOBILE HOME PARKS AND LAND LEASE COMMUNITIES

Work Order Item #	Supply of potable water; water pressure; water for fire fighting purposes; hydrants; roads; holes in ground; mail boxes; space between mobile homes less than 10 feet (3 metres); holding tanks; sewage systems; electrical supply; connections to mobile home; other <input type="checkbox"/> Full Compliance <input type="checkbox"/> Partial Compliance <input type="checkbox"/> Non-Compliance Comments:
Work Order Item #	<input type="checkbox"/> Full Compliance <input type="checkbox"/> Partial Compliance <input type="checkbox"/> Non-Compliance Comments:
Work Order Item #	<input type="checkbox"/> Full Compliance <input type="checkbox"/> Partial Compliance <input type="checkbox"/> Non-Compliance Comments:
Work Order Item #	<input type="checkbox"/> Full Compliance <input type="checkbox"/> Partial Compliance <input type="checkbox"/> Non-Compliance Comments:

Part VI: GENERAL MAINTENANCE

Work Order Item #	Floors; stairs; porch; deck; balcony; cabinets; cupboards; shelves; counter tops; interior walls; ceilings; appliances; locker room; storage areas; garbage containers; pests; openings permitting entry of pests; interior doors; screens; other
	<input type="checkbox"/> Full Compliance <input type="checkbox"/> Partial Compliance <input type="checkbox"/> Non-Compliance
	Comments:
Work Order Item #	<input type="checkbox"/> Full Compliance <input type="checkbox"/> Partial Compliance <input type="checkbox"/> Non-Compliance
	Comments:
Work Order Item #	<input type="checkbox"/> Full Compliance <input type="checkbox"/> Partial Compliance <input type="checkbox"/> Non-Compliance
	Comments:
Work Order Item #	<input type="checkbox"/> Full Compliance <input type="checkbox"/> Partial Compliance <input type="checkbox"/> Non-Compliance
	Comments:

PART VIII: AUTHORIZATION

Inspector's Name (Print or type)	Inspector's Signature	Date (MM / DD / YY) / /
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Letter to Landlord – Compliance with Work Order

Month, Day, Year

NAME

Street

City, Province Postal Code

Re: Address of
Complaint File No.:

In response to a written complaint about maintenance from the tenant at the above-noted address, The Municipality of Calvin conducted an inspection and Work Order {File Number} was issued on {Date Work Order Issued}.

Our Inspector, {Inspector Name}, conducted a re-inspection of the property on {Date of re-inspection} and has confirmed that you have complied with the terms of the Work Order.

Please be advised that the Work Order {File Number} is now closed.

If you have any questions about this letter, please call us at 705-744-2700 and refer to the above-noted file number.

Yours truly,

NAME

Clerk-Treasurer

cc {Inspector's Name}
{Tenant}
{Any referrals}

Letter to Landlord – Non-Compliance with Work Order

Month, Day, Year

NAME

Street

City, Province Postal Code

Re: Address of
Complaint File No.:

The Municipality of Calvin received a written complaint about maintenance at the above-noted property. The property was subsequently inspected and our Inspector {name of Inspector} found that it did not meet the maintenance standards required by Ontario Regulation {xxxx} under the Residential Tenancies Act, 2006 (the Act). As a result, our letter dated {date} together with Work Order {File #} were mailed to you on {date}

We have now been informed by our Inspector {Name} who conducted a re-inspection of the property on {Date}, that this Work Order {File #} has to-date, not been {fully} complied with.

We have been told that the following items on this work order have yet to be completed:

Items: {List of Items}

Please note that failure to comply any or all of the items contained in a Work Order issued under s.225 of the Residential Tenancies Act, 2006 (the Act) constitutes an offence under clause 234(t) of the Act. If a landlord is found guilty of an offence, the penalty upon conviction is a fine of not more than \$25,000 for an individual and not more than \$100,000 for a corporation.

If you have any questions about this letter, please call us toll-free at 705-744-2700 and refer to the above-noted file number.

Yours truly,

NAME

Clerk-Treasurer

cc {Inspector's Name}
{Municipality}
{Tenant}