

Application Date: _____
(yyyy/mm/dd)

NOTE: Before an application for a hearing can be considered by the Normal Farm Practices Protection Board, the matter must have gone through the Farm Practices Conflict Resolution Process established by the Ontario Ministry of Agriculture, Food and Rural Affairs (OMAFRA).
(For further information on the conflict resolution process, please contact the OMAFRA Agricultural Information Contact Centre at 1-877-424-1300).

Have the issues involved in this application been considered in OMAFRA's Normal Farm Practices Conflict Resolution Process?

Yes _____ No _____ Agricultural Engineer _____

The personal information on this form is collected under the authority of The Farming & Food Production Protection Act. It will be used only by the board to hear the applicant's case. If you have any questions about this collection contact: Secretary, Normal Farm Practices Protection Board, Ministry of Agriculture, Food & Rural Affairs, 1 Stone Rd. W., Guelph, ON N1G 4Y2, 519-826-3549

Personal Information - Complete the following information:

(Please print or type all information)

| | | |
|--|----------------------|---------------|
| Name of Applicant <i>(If there are more than one applicants, add separate sheet with their information and signatures)</i> | | |
| Mailing Address | | |
| City | County | Postal Code |
| Telephone Number () | Fax Number () | Email Address |
| Applicant's signature: | | |

| | | |
|---|----------------------|-------------|
| Name of person or municipality against whom the complaint is directed | | |
| Address of farm or municipality | | |
| City | County | Postal Code |
| Telephone Number () | Fax Number () | |

Nuisance Complaint (under Section 5 of the Farming & Food Production Protection Act) Complete this section only if you are directly affected by a disturbance from an agricultural operation.

| |
|---|
| Nature of the Complaint (please check all that apply): <input type="checkbox"/> Noise <input type="checkbox"/> Odour <input type="checkbox"/> Dust <input type="checkbox"/> Light <input type="checkbox"/> Vibration <input type="checkbox"/> Smoke <input type="checkbox"/> Flies |
| Date(s) of the Disturbance (yyyy/mm/dd): |
| Describe how the disturbance has affected you (if this space is insufficient, attach additional pages) |

Please attach any additional information pertaining to the complaint.

By-law Complaint (under Section 6 of the Farming and Food Production Protection Act)
 Complete this section only if your farming practice is directly affected by a municipal by-law.

| | |
|--|---|
| Information about the by-law in question: | |
| By-law Number | Date the by-law was passed (yyyy/mm/dd) |
| Municipality that passed the by-law | |
| Address of the Municipal Office | |
| City | Postal Code |
| Telephone Number () | Fax Number () |
| Describe how the by-law is affecting your farming practices (if this space is insufficient, attach additional pages) | |

Please attach a copy of the by-law in question and any additional information pertaining to the complaint.

Please forward the **signed** application and attachments to:

Normal Farm Practices Protection Board
 Ministry of Agriculture, Food and Rural Affairs
 1 Stone Road West Guelph, ON N1G 4Y2
 Phone: (519) 826-3549, Fax: (519) 826-6611
 Email: finbar.desir@omaf.gov.on.ca