



BYLAW ENFORCEMENT COMPLAINT FORM

NAME OF COMPLAINANT		
FIRST NAME	LAST NAME	
TELEPHONE NUMBER	ALTERNATE TELEPHONE	
MAILING ADDRESS		
CITY	PROVINCE	POSTAL CODE

COMPLAINT AGAINST (Name/Address)

NATURE OF COMPLAINT (Detailed Description)

SIGNATURE OF COMPLAINANT/INQUIRER	DATE

OFFICE USE ONLY			
VIOLATION		BYLAW NO.	
OCCUPIER OF PROPERTY			
ADDRESS OF PROPERTY OF ALLEDGED VIOLATION			
PHONE NO.	ROLL NO.	Incident #	

SIGNATURE OF By-Law Officer	DATE

Personal information contained on this form is collected pursuant to the Municipal Freedom of Information and Protection of Privacy Act and will be used solely for the purpose of responding to your request.