

BYLAW COMPLAINT FORM

Complainant: (please print)				Date: (office use only – date received)	
Address:				Tel:	
City/Town:		Postal Code:		Email:	
*Anonymity will be maintained between the complainant and the alleged violator except where necessary in a Court of Law					
Please provide as much of the following information as you can regarding your complaint (include dates and times of each incident).	Complaint details:				
	<div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div>Signature _____</div> <div>Date _____</div> </div>				
Subject Property:					
Name:				Tel:	
Address:					
City/Town:				Postal Code:	
THIS SECTION TO BE COMPLETED BY STAFF					
File No.:			Folio No.:		
Zoning:	Electoral Area:	Map No.:		ALR/FLR:	
Legal Description:					
Contravention of Bylaw No.:			Bylaw Name:		
Lot Size:	PID:		Rec'd by:		