



## BYLAW COMPLAINT FORM

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

Complainant's Name: \_\_\_\_\_

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

Phone No: \_\_\_\_\_

Nature of Complaint: (Include, date, time and approximate location)

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Forwarded to Bylaw Officer for action on: \_\_\_\_\_

Action Taken by Bylaw Department:

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BEO File No. Assigned: \_\_\_\_\_

Forwarded for Council Review: Yes  No

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Bylaw Enforcement Officer