

District of Ucluelet Box 999, 200 Main St Ucluelet, BC V0R3A0 Phone: 250-726-7744

BYLAW COMPLAINT FORM

Complainant Contact Informat	ion (Person who is making the complaint)	
Name:	Address:	
Phone Number:	Email Address:	
The personal information on this form is collected under the authority of the Community Charter and Local		
Government Act for the purposes of enforcing District of Ucluelet bylaws. In accordance with District policy, your name and other personal information may only be used and disclosed as provided in the Freedom of		
Information and Protection of Privacy Act. Should this matter proceed to court, your name and other personal		
information may be disclosed and you may be required to give evidence as a witness.		
Complaint Details		
Date of Incident:	How long has this problem existed?	
Date of incident.	riow long has this problem existed:	
Describe the nature of the problem including how this cituation effects you		
Describe the nature of the problem, including how this situation affects you.		
If additional space is required, please use reverse side of this form.		

Address where infraction is taking place:				
Alleged Offen	der & Contact (if known):			
Property Own	Property Owner & Contact (if known):			
Please use the	his space, as required to continue t	o describe the nature of the		
problem.				
<u> </u>				
Please submit your form:				
E-mail: info@ucluelet.ca				
Mail: District of Ucluelet, Box 999, Ucluelet, BC V0R3A0				
In-person: Municipal Office, 200 Main St, Ucluelet, BC V0R3A0				
p =				
Internal Office Use Only				
□ Email	Ota# Initiala.	Data Dagainada		
□ Phone	Staff Initials:	Date Received:		
□ In-person				