

 **BYLAW ENFORCEMENT COMPLAINT FORM**

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| **NAME OF COMPLAINANT**  |
| **FIRST NAME:** Click or tap here to enter text. | **LAST NAME:** Click or tap here to enter text. |
| **TELEPHONE NUMBER:** Click or tap here to enter text. | **E-MAIL:** Click or tap here to enter text. |
| **MAILING ADDRESS:** Click or tap here to enter text. |
| **CITY:** Click or tap here to enter text. | **PROVINCE:** Select Province | **POSTAL CODE:** Enter postal code here |
| **CIVIC ADDRESS (if different from mailing address):** Click or tap here to enter text. |
| **COMPLAINT AGAINST (Name and/or Address):**  |
| Click or tap here to enter text. |
| **NATURE OF COMPLAINT:**  |
| Click or tap here to enter text.**\*Attach photo’s to next page \*** |
| **SIGNATURE OF COMPLAINANT/INQUIRER** Click or tap here to enter text. | **DATE**  Click or tap to enter a date. |
| **OFFICE USE ONLY**  |  |
| VIOLATION  | BYLAW NO.  |  |
| OCCUPIER OF PROPERTY  |  |
| ADDRESS OF PROPERTY OF ALLEDGED VIOLATION  |  |
| PHONE NO.  | ROLL NO.  | LOT  | PLAN  |

# Return completed form to District of Stewart office, 705 Brightwell St, PO Box 460, Stewart B.C., V0T 1W0, E-Mail: bylaw@districtofstewart.com

The personal information on this form is collected under the authority of the *Local Government Act* and is subject to the *Freedom of Information and Protection of Privacy Act*. Any questions regarding this collection should be directed to Bylaw Services (778) 794-1821







