Text

Description automatically generated with low confidence

**BYLAW ENFORCEMENT COMPLAINT FORM**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **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

  
  
  
  
  
  
