



BYLAW ENFORCEMENT COMPLAINT FORM

NAME OF COMPLAINANT		
FIRST NAME	LAST NAME	
TELEPHONE NUMBER	ALTERNATE TELEPHONE	
MAILING ADDRESS		
CITY	PROVINCE	POSTAL CODE
CIVIC ADDRESS (if different from mailing address)		

COMPLAINT AGAINST (Name/Address)

NATURE OF COMPLAINT

SIGNATURE OF COMPLAINANT/INQUIRER	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
Municipal Hall, 13211 Henry Avenue, Summerland, BC V0H 1Z0
info@summerland.ca or Fax to 250-494-1415**

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 Box 159, 13211 Henry Ave. Summerland, BC V0H 1Z0 (250) 494-6451.