



BYLAW ENFORCEMENT COMPLAINT FORM

NAME OF COMPLAINANT		
FIRST NAME	LAST NAME	
TELEPHONE NUMBER	EMAIL ADDRESS:	
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
bylaw@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.