

## **BYLAW COMPLAINT FORM**

Submitte	d By	:										
Street Ac	ss:											
Mailing Address:												
City:							Province:					Postal Code:
Phone Number:								ail:				
My Concern is:												
Dog		Noise	2:									
Address (of Violation)												
Name of Occupier (If Known)												
Name of Property Owner (If Known)												
Date and Time of offence mm/dd/yyyy hh:mm am/pm  Details of Offence (PRINT)											om	
Details of Offence (FRINT)												
Your concern will be promptly address by an Enforcement Officer. If an officer did not witness the infraction, you may be asked to provide a formal statement for further action. In such cases, we may inquire if you are willing to testify in court regarding your observations. If there is insufficient evidence, we may be unable to proceed with charges.												
At the conclusion of an investigation, an officer will contact you to communicate the outcome of the complaint, unless you have indicated otherwise.												
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Signature