



990 Cedar Street, Campbell River, BC V9W 7Z8 Tel
 250-830-6700 Fax 250-830-6710
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BYLAW COMPLAINT FORM

Complainant:				Date:	
				(office) use only	
Telephone:		Email:			
Mailing Address:					
City/Town:				Postal Code:	
*Anonymity will be maintained between the complainant and the alleged violator except where necessary in a Court of Law					
Please provide as much of the following information as you can regarding your complaint (include dates and times of each incident)	Complaint Details: (use back of form if more space is required)				
	Signature: _____			Date: _____	
Subject Property:					
Name:				Telephone:	
Address:					
City/Town:				Postal Code:	
THIS SECTION TO BE COMPLETED BY SRD STAFF					
P.I.D.:			Folio No.:		
Zoning:	Electoral Area:	Map No:	ALR/FLR:		
Legal Description:					
Contravention of Bylaw No.:			Bylaw Name:		
Lot Size:	File No.:	Rec'd by:			

