



301 – 990 Cedar Street, Campbell River, BC V9W 7Z8
 Tel 250-830-6700 Fax 250-830-6710
www.strathconard.ca

BYLAW COMPLAINT FORM

Complainant:		Date: (office) use only	
Address:		Telephone:	
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:	

