

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

BYLAW COMPLAINT FORM

Complainant:						Date:	use only	
Telephone:				Email:				
Mailing Address	:							
City/Town:						Posta 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)		t Details: form if more space	e is required)			Date:		
Subject Property:								
Name:				Tele			ephone:	
Address:								
City/Town:				Posta 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 N			Bylaw Na	ame:				
Lot Size:	File No.	File No.: Rec'd by:						



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Complaint Details Continued:

Signature:_____

Date:_____