



BYLAW COMPLIANCE COMPLAINT FORM

Address of Property Where Alleged Violation is Taking Place: _____

Complaint: _____

Name of Complainant: _____

Home Address of Complainant: _____

Telephone No: _____

Date: _____

Signature of Complainant

NOTE: ANONYMITY WILL BE MAINTAINED AT ALL TIMES BETWEEN THE COMPLAINANT AND THE ALLEGED VIOLATORS, EXCEPT WHERE NECESSARY IN A COURT OF LAW.

SUNSHINE COAST REGIONAL DISTRICT
1975 Field Road,
SECHELT, BC
V0N 3A1

TEL: (604) 885-6803 Fax: (604) 885-7909 Vancouver Toll Free: 1-800-687-5753