



# 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) 885-6817 Fax: (604) 885-7909 Vancouver Toll Free: 1-800-687-5753

Email: [bylaw.compliance@scrd.ca](mailto:bylaw.compliance@scrd.ca)