



TOWN OF HANNA Bylaw Complaint Form (Confidential)

Instructions: Print off form and deliver to Town Office in person, by fax (403-854-2772), or mail (Box 430, Hanna, AB T0J 1P0)

This form represents a request to resolve a Bylaw Enforcement issue. In order for the Municipal Enforcement Officer to proceed with an investigation and follow-up of your complaint it is mandatory that you give your *full name, current address and phone number along with your signature below.* (Anonymous complaints will not be accepted.)

DATE: _____ TIME: _____

COMPLAINANT INFORMATION

Name of Complainant: _____
Mailing Address: _____ (Postal Code) _____
Civic Address: _____ (Apt. Number) _____
Telephone # : (Day) _____ (Evening) _____

VIOLATION INFORMATION

Location of Offence (Civic Address): _____
Property Owner/Tenant Name (if known): _____
NATURE OF COMPLAINT (How it affects you, how long its existed, License plate #, etc.): _____

_____ (please use reverse side if needed)

Signature of Complainant

NOTE: Anonymity will be maintained between the complainant and the alleged offender, except where necessary in a court of law. However should this complaint proceed to Court, you *may* be required to give evidence as a witness and your name and your filed complaint will become a matter of public record.

PERSONAL INFORMATION: This information is being collected for the purpose of conducting a Bylaw Enforcement Investigation. The information may be shared with applicable Town of Hanna departments and agencies for the purpose of initiating appropriate action relative to this report. The collection of the personal information on this application is authorized and protected under the Freedom of Information and Protection of Privacy Act, Section 33(c). By providing this information, you have consented to its use for the above purposes. If you have questions about the collection and use of this information, you may contact the C.A.O., Town of Hanna at (403) 854-4433.

FOR OFFICE USE ONLY (to be filled out by Municipal Staff) _____ **PHONED IN – Call Taken By:** _____

Legal Address: Lot: _____, Block: _____, Plan: _____, Roll Number: _____

Owner(s): _____

Address: _____ (Postal Code) _____

Telephone # : (_____) _____

MUNICIPAL ENFORCEMENT OFFICER

COMPLAINT FILE: C _____

Bylaw Violation: Yes _____ No _____

File Concluded: DATE: _____ OFFICER: _____

Lined area for notes or details.

Initial _____