

Office use only
File No:
Date:
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Type:

Bylaw Complaint Form

Personal information contained on this form is received by the Town of Hanna in confidence. This confidentiality cannot be guaranteed if this complaint results in court proceedings. Release of this information is governed by the provisions of the *Freedom of Information and Protection of Privacy Act*.

Complainant:	
Name:	
Civic Address:	
Mailing Address <i>(incl. Town and Postal)</i>	
Day Ph:	Cell Ph:
Email:	

Incident Information
Address <i>(where alleged bylaw violation is taking place):</i>
Name of Occupier of Property <i>(if known)</i>
Name of Registered Property Owner <i>(if known)</i>
Detailed description of alleged bylaw violation and how it affects you, your property, or daily life. <i>(attach as a separate sheet if required)</i>
Date(s) and Times(s) of alleged bylaw violation:

Declaration
By signing this complaint form, I confirm that I understand that the Town of Hanna will be unable to guarantee confidentiality of the above information if this matter results in court action or an order from the Provincial Information and Privacy Commission.
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>_____</p> <p>Signature</p> </div> <div style="width: 45%;"> <p>_____</p> <p>Date</p> </div> </div>