



RM OF STANLEY BYLAW ENFORCEMENT COMPLAINT FORM

NAME OF COMPLAINANT		
FIRST NAME		LAST NAME
TELEPHONE NUMBER		ALTERNATE TELEPHONE
MAILING ADDRESS		
CITY	PROVINCE	POSTAL CODE
CIVIC ADDRESS (if different from mailing address)		

COMPLAINT AGAINST (Name/Address)

NATURE OF COMPLAINT

SIGNATURE OF COMPLAINANT/INQUIRER	DATE

OFFICE USE ONLY			
VIOLATION		BYLAW NO.	
OCCUPIER OF PROPERTY			
ADDRESS OF PROPERTY OF ALLEDGED VIOLATION			
PHONE NO.	ROLL NO.	LOT	PLAN

Return completed form to
1-23111 PTH 14, Stanley, MB, R6P 0B1
info@rmofstanley.ca

The personal information on this form is collected under the authority of the *Local Government Act* and is subject to the *Freedom of Information and Protection of Privacy Act*.