Bylaw Complaint

Twin Rivers

- ☐ Animal control
  - -Description of Animal: _____
  - -Location of Animal: _____
- ☐ Nuisance
- ☐ Traffic
  - - Location of Vehicle: _____
  - - Vehicle Plate Number: _____
- ☐ Zoning/Other

Complainant Name:	Date/Time:
Address:	Phone Number:
Email:	Mailing Address:

Complaint Details with Dates and Times:	
	Signature of Complainant:

Office Use Only	Name of Person Taking Complaint:	
Property Owner:		Phone Number:
Civic Address:	Mailing Address:	
Email Address:		Animal Registered: Yes/No
Resident Name (if different than owner):		Phone Number:
Resident Mailing Address and Email:		