

## RURAL MUNICIPALITY OF ARGYLE BYLAW ENFORCEMENT COMPLAINT FORM

NAME OF COMPLAINANT			
FIRST NAME	LAST NAME		
CONTACT NUMBER	CIVIC ADDRESS		
MAILING ADDRESS	CITY	PROVINCE	POSTAL CODE

COMPLAINT AGAINST (Please include name and/or address)				

## NATURE OF COMPLAINT

SIGNATURE OF COMPLAINANT	DATE

## **OFFICE USE ONLY**

VIOLATION		BYL	BYLAW NO.		
OCCUPIER OF PROPERTY					
ADDRESS OR LOCATION OF ALLEDGED VIOLATION					
PHONE NUMBER	ROLL NO.	LOT	PLAN		
Return completed form to					

Box 40, Baldur, MB, ROK 0B0

office@rmofargyle.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.