



RURAL MUNICIPALITY OF THOMPSON BY-LAW ENFORCEMENT COMPLAINT FORM

NAME OF COMPLAINANT

First Name		Last Name
Phone #		
Mailing Address		
Civic Address <small>(If different from mailing address)</small>		

COMPLAINT AGAINST (Name/Address)

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NATURE OF COMPLAINT

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OFFICE USE ONLY

Violation		By-Law No.	
Occupier of Property		Owner of Property	
Address of Property of Alleged Violation		Lot	
		Plan	
Phone No.		Roll No.	