

TOWN OF GIBBONS
BYLAW COMPLAINT REPORT



This form represents a request to resolve a Bylaw Enforcement issue. In order for the Municipal Enforcement Officer to proceed with an investigation and follow-up on your complaint it is mandatory that you give your full name, current address and phone number along with your signature below.

Please return completed forms to the Town of Gibbons Office by fax- 780.923.3691, emailed to aanema@gibbons.ca or dropped off at 4807-50 Avenue

Date of Offense: _____ Time(s) of Offense: _____

COMPLAINANT INFORMATION

File#: _____

Name of Complainant: _____

Mailing Address: _____

Civic Address: _____

Phone # (Day): _____ (Evening): _____

VIOLATION INFORMATION

Addresed of Alleged Offender (civic address): _____

Property Owner/Tenant Name (if known): _____

Phone number(s): _____ Mailing address: _____

For Office Use Only (To be filled out by Municipal Staff)

Phoned In: _____ Yes _____ No

Complaint Taken By: _____

Date of receipt of Complaint: _____

Time of receipt of Complaint: _____

Municipal Enforcement Officer

Date: _____

Municipal Bylaw Enforcement Officer Name: _____

