



<b>NAME OF COMPLAINANT</b>			
FIRST NAME		LAST NAME	
TELEPHONE NUMBER		ALTERNATE TELEPHONE	
MAILING ADDRESS			
CITY		PROVINCE	POSTAL CODE
CIVIC ADDRESS (if different from mailing address)			
<b>COMPLAINT AGAINST (Name and/or Address)</b>			
<b>NATURE OF COMPLAINT</b>			
SIGNATURE OF COMPLAINANT/INQUIRER			DATE
<b>OFFICE USE ONLY</b>			
VIOLATION		BYLAW NO.	
OCCUPIER OF PROPERTY			
ADDRESS OF PROPERTY OF ALLEDGED VIOLATION			
PHONE NO.	ROLL NO.	LOT	PLAN

**Return completed form to District of Stewart office, 705 Brightwell St, PO Box 460,  
Stewart B.C., V0T 1W0, E-Mail: [bylaw@districtofstewart.com](mailto:bylaw@districtofstewart.com)**

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*. Any questions regarding this collection should be directed to Bylaw Services (778) 794-1821