



VILLAGE OF SALMO
BYLAW COMPLAINT FORM

423 Davies Avenue, PO Box 1000
Salmo, BC V0G 1Z0
Tel: 250-357-9433 Fax: 250-357-9633
www.salmo.ca

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|--------------------------------|--|--|--|
| Complainant: (please print) | | Date: office use only – date received | |
| Address: | | Tel: | |
| City/Town: | | Postal Code: | |

***Anonymity will be maintained between the complainant and the alleged violator except where necessary in a Court of Law**

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| Please provide as much of the information as you can regarding your complaint (include dates and times of each incident). | Complaint details: |
| | |
| | <p>_____</p> <p>Signature Date</p> |

| | | | |
|--------------------------|--|--------------|--|
| Subject Property: | | | |
| Name: | | Tel: | |
| Address: | | | |
| City/Town: | | Postal Code: | |

THIS SECTION IS TO BE COMPLETED BY STAFF

| | |
|-------------------------------------|--|
| Complaint Received By: | |
| Notice Received: (Date and Time) | |
| Action Taken: | |
| Date and Time of Action Taken: | |
| Issue Resolved? Yes/No | |
| Further action required: | |

Completed forms can be faxed to (250)357-9633 or emailed to info@salmo.ca.