4938-50th Ave P.O. Box 350 Rimbey, Alberta TOC 2J0 Tel: 403.843.2113



TOWN OF RIMBEY Bylaw Complaint Form (Confidential)

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 of your complaint it is mandatory that you give me your *full name, current address and phone number along with your signature below.* (Anonymous complaints will not be actioned.)

DATE:	TIME:	(AM PM) COMPLAINT CATEGORY:	
COMPLAINTANT INFOR	<u>MATION</u>		
Name of Complainant:			
Mailing Address:		Postal Code:	
Civic Address:		Apt. Number:	
Telephone #: (Day)		(Evening)	
VIOLATION INFORMATI	<u>ON</u>		
Location of Offence (Civic	Address):		
Property Owner/Tenant N	lame (if known):		
	• • •	s existed, License plate #, etc.):	
		(Please use reverse side	if needed)
			: II liceded)
Signature of Complainant			

<u>NOTE:</u> Anonymity will be maintained between the complainant and the alleged offender, except where necessary in court of law. However, should this complaint proceed to court, you may be required to give evidence as a witness and your name and your filed complaint will become a matter of public record.

PERSONAL INFORMATION: This information is being collected for the purpose of conducting a Bylaw Enforcement Investigation. The information may be shared with applicable Town of Rimbey departments and agencies for the purpose of initiating appropriate action relative to this report. The collection of personal information on this application is authorized and protected under the Freedom of Information and Protection of Privacy act. Section 33© By providing this information, you have consented to its use for the above purposes. If you have questions about the collection and use of this information, you may contact the Bylaw Enforcement Officer.

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FOR OFFICE USE ONLY	(to be filled	out by Municipal Staff)	PHONED IN – C	all Taken By:	
Legal Address:	Lot:	, Block:	<u>,</u> Plan:	<u>,</u> Roll Number:	
Address:			(Postal Code)		
Telephone #: ()			,	
MUNICIPAL ENFORCEMENT OFFICER			COMPLAINT FILE:		
Bylaw Violation: YesNo			OFFICER:		
File Concluded: DATE:					