

## TOWN OF KAMSACK BYLAW - GENERAL COMPLAINT FORM

<b>Name of person making the Complaint:</b>	<b>Street Address:</b>
<b>Phone Number:</b>	<b>Time Complaint received: a.m. p.m.</b>
<b>Date:</b>	<b>Signature of person making the Complaint:</b>

<b>Complaint:</b>

<b>For Office Use Only</b>	<b>HOW THE COMPLAINT WAS HANDLED</b>
Was a warning sent to the owner?	Time involved with the complaint.
<b>Comments:</b>	

(Use other side if more room required)

Signature of Bylaw Enforcement Officer