



# BYLAW ENFORCEMENT COMPLAINT FORM

## Complainant Information

Name:	
Address:	
Phone Number:	
Email Address:	

## Complaint/Alleged Violation Information

Date Observed:	
Location/Address:	
Owner/Occupier Name (if known)	

Description and Nature of Complaint/Alleged Violation:

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How does this alleged violation impact you, the complainant (please describe):

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Please submit your complaint to:

**ALBERNI-CLAYOQUOT REGIONAL DISTRICT – BYLAW SERVICES**  
**3008 FIFTH AVENUE, PORT ALBERNI BC V9Y 2E3**  
**Fax: 250-720-1327      Email: [bylaw@acrd.bc.ca](mailto:bylaw@acrd.bc.ca)**

Complaints must be received in written form and can be submitted by email, mail, fax or dropped off at the address above.