## **CITY OF TERRACE**

5003 GRAHAM AVENUE TERRACE, B.C. V8G 1B3 250-615-4000 PLEASE SUBMIT COMPLETED FORM TO bylaw.compliance@terrace.ca



## **BYLAW ENFORCEMENT COMPLAINT**

DATE:	TIME:	TAKEN BY:
Name of Complainant:		
Address of Complainant:		
Contact Phone #:		
Alleged Offender's Name:		
Alleged Offender's Address:		
Details:		
Action Taken:		
Complainant Contacted: Yes	□ No □ Date:	
Comments:		
<u>-commenter</u>		
OFFICE USE ONLY:		
Property Owner		
Owner's Address		
	(Signature)	
NO.:	(D=(=)	
(Office Use Only)	(Date)	

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