
Box 400 - Langenburg, Saskatchewan, Canada - S0A 2A0

BYLAW COMPLAINT FORM

Name of Informant: _____

Address of Informant: _____

Telephone number of informant: _____

Nature of Complaint. Where appropriate, include date, time, and location: _____

Action Taken by Bylaw Enforcement Officer:

Signature: _____ Date: _____

NOTE: All complaints will be kept confidential. Should the situation not be resolved in a timely fashion fines will be imposed.