



File No. _____

THE DISTRICT OF PEACHLAND BYLAW OFFENCE / REQUEST FOR ACTION

By-law enforcement action will be pursued in accordance with the District of Peachland Policy Procedures. Details of the complaint will be made known to the alleged violator. Complainants' identities will be held by the District in confidence pursuant to the FREEDOM OF INFORMATION AND PRIVACY ACT unless, if required to be revealed through any ensuing legal process. Complainants will be contacted if additional information is required.

PART 1: COMPLETE ALL SECTIONS OF PART 1 (SHADED AREAS ARE REQUIRED INFORMATION)	
Complainant's Name:	Date of Offence:
Complainant's Address:	Address of Offence:
Complainant's Phone No:	Owners Name:
NATURE OF OFFENCE:	
Complainant's Signature: _____ Date: _____	

PART 2: (OFFICE USE) INVESTIGATION:

PART 3: (OFFICE USE) FOLLOW UP:

COMPLETED
DATE: _____ OFFICER: _____

FOLIO NO. 318- _____