YUUŁU?IŁ?ATḤ FIRST NATION

Public Order Peace and Safety Act Department of Lands and Resources Animal Control Regulation Form AC-03



Date received:	
File No:	

(for Department of Lands and Resources use only)

COMPLAINT FORM

Name: Phone #s: Civic Address: Email Address: NATURE OF COMPLAINT Date of Incident: How long has this problem existed: Describe the nature of the problem, including how this situation affects you. If additional space is required, please use reverse side of this form. Address where infraction is taking place: Alleged Offender & Contact (if known): Property Owner & Contact (if known):	YOUR CONTACT INFORMATION		
Civic Address: Email Address: NATURE OF COMPLAINT Date of Incident: How long has this problem existed: Describe the nature of the problem, including how this situation affects you. If additional space is required, please use reverse side of this form. Address where infraction is taking place: Alleged Offender & Contact (if known):	Name:		
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	Address where infrac	tion is taking place:	
Property Owner & Contact (if known):	Alleged Offender & O	Contact (if known):	
	Property Owner & Co	ontact (if known):	
Complainant Signature Date	Complainant Signatur	re	Date