

THE VILLAGE OF SALMO

Bylaw Enforcement Complaint & Response Form

To Be Completed by Complainant:-

Complaint Received:

From: _____ **Address:** _____

Date: _____ **Time:** _____

Problem: _____

Received by: _____

For Office Use Only:-

Action Taken:

Notice received: Date: _____ **Time:** _____

Action taken: _____

Date & Time of action taken: _____

Issue Resolved? Yes / No

Further action required: _____