**Organized Hamlet of Deer Valley**

**BYLAW COMPLAINT FORM**

**FILE INFORMATION**

|  |  |
| --- | --- |
| **File Number:** |  |
| **Date Opened:** |  |
| **Date Closed:** |  |
| **Date of Complaint:** |  |
| **Received by:** |  |

**COMPLAINT INFORMATION**

|  |  |
| --- | --- |
| **Civic Address:** |  |
| **Legal Description:** |  |
| **Owner Name(s):** |  |
| **Details of Complaint:** |  |
|  |
|  |
|  |
|  |
|  |
|  |

**COMPLAINANT INFORMATION**

|  |  |
| --- | --- |
| **Name:** |  |
| **Address:** |  |
| **Contact Information:** | € Home:  |
| € Cell:  |
| Email: |

**Please submit form to RM Office at** **rm189@sasktel.net**