

**RESORT VILLAGE OF GLEN HARBOUR  
BYLAW COMPLAINT FORM**

DATE: \_\_\_\_\_ 20\_\_

COMPLAINANT DETAILS	
FIRST NAME:	LAST NAME:
ADDRESS:	
PHONE NUMBER:	
E-MAIL ADDRESS:	

OFFENDER DETAILS	
FIRST NAME:	LAST NAME:
ADDRESS:	

BYLAW VIOLATION/DESCRIPTION OF COMPLAINT:

SIGNATURE OF COMPAINANT: \_\_\_\_\_

**INSTRUCTIONS:** Send completed form to By-Law Officer R.J. Coleman at [rocman@sasktel.net](mailto:rocman@sasktel.net)

----- TO BE COMPLETED BY THE BY-LAW OFFICER -----

**VIOLATION CORRECTED:** \_\_\_\_\_ **FILE CAN BE CLOSED:** \_\_\_\_\_

**VIOLATION NOT CORRECTED:** \_\_\_\_\_ **FURTHER ACTION REQUIRED:** \_\_\_\_\_

COMMENTS

**DATED COMPLETED:** \_\_\_\_\_ 20\_\_