



Regional District of Okanagan-Similkameen
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Office use only	
File No:	
Date:	
Received by:	
Type:	

Bylaw Complaint Form

Personal information contained on this form is received by the Regional District in confidence. This confidentiality cannot be guaranteed if this complaint results in court proceedings. Release of this information is governed by the provisions of the *Freedom of Information and Protection of Privacy Act*.

COMPLAINANT:	
Name:	
Address:	
City/Town:	
Province:	Postal Code:
Day Phone:	Cell Phone:
Email:	

INCIDENT INFORMATION:
Address (where alleged bylaw violation is taking place):
Name of Occupier of Property (if known):
Name of Registered Property Owner (if known):
Detailed description of alleged bylaw violation and how it affects you, your property, or daily life. (<i>attach as a separate sheet if required</i>):
Date(s) and Time(s) of alleged bylaw violation:

DECLARATION:	
By signing this complaint form, I confirm that I understand that the Regional District of Okanagan-Similkameen will be unable to guarantee confidentiality of the above information if this matter results in court action or an order from the Provincial Information and Privacy Commission.	
_____	_____
Signature	Date

Print name	