

## OFFICE OF THE CHIEF ADMINISTRATIVE OFFICER

670 – 2<sup>nd</sup> Avenue ~ Box 520 Rivers, Manitoba ~ ROK 1X0

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## **COMPLAINT FORM**

Complainant: (please print)						Date: (office use only)		
Address:					Tel:			
City/Town:						Email:		
*Anonymity will be maintained between the complainant and the alleged violator except where necessary in a Court of Law								
Please provide as much of the Complaint details:								
following informatio	n							
as you can regarding you								
complaint (include dates an								
times of each incident).								
	Signature Date					ate		
Subject Property:								
Name:				Tel:				
Address:								
City/Town:					Postal Code:			
	N TO BE C	COMPLETED BY ST	AFF					
File No.:								
contravention of Bylaw No.:					Bylaw Name:			
Lot Size:		Zone:		Rec'd by:				