



Town of Smooth Rock Falls

By-Law Enforcement Complaint Form

Instructions: Complete the form below in its entirety and include as much detail as possible. You must include your name, address and telephone number. Anonymous complaints may not be acted upon.

Complainant:

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First Name	Last Name
<hr/>	
Address	PO Box #
<hr/>	
Telephone #	Email Address

Offender:

<hr/>	
Address (or Location)	Name (if known)

Details of Complaint:

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Signature	Date