



PUBLIC CONCERN FORM

P.O. Box 609, 325 Wallace Street, Hope, B.C. V0X 1L0
 Phone (604) 869-5671 Fax (604) 869-2275 Web Site: www.hope.ca

Tracking #: _____

NAME(S):		DATE:	
ADDRESS:		PHONE:	
		EMAIL:	
LOCATION OF OFFENCE:			

DETAILS OF CONCERN: Please record information on what happened, who is involved, dates, times, and documentation such as pictures

<input type="checkbox"/> dog <input type="checkbox"/> unsightly property <input type="checkbox"/> garbage <input type="checkbox"/> dumping <input type="checkbox"/> graffiti <input type="checkbox"/> parking <input type="checkbox"/> snow and ice <input type="checkbox"/> weeds and grass <input type="checkbox"/> noise <input type="checkbox"/> fence height <input type="checkbox"/> burning <input type="checkbox"/> pot hole <input type="checkbox"/> sprinkling <input type="checkbox"/> business licence <input type="checkbox"/> zoning <input type="checkbox"/> other	
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NOTE: Anonymity will be maintained between the complainant and the alleged offender, whenever possible. Please be aware that should this matter proceed to adjudication or court, you may be required to give evidence as a witness.

Signature of Complainant

OFFICE USE ONLY:

RECORDED BY:		REFERRED TO:	<input type="checkbox"/> BYLAW <input type="checkbox"/> PUBLIC WORKS <input type="checkbox"/> BUILDING <input type="checkbox"/> RCMP <input type="checkbox"/> PLANNING <input type="checkbox"/> FINANCE <input type="checkbox"/> RECREATION <input type="checkbox"/> CAO <input type="checkbox"/> FVRD
PROPERTY OWNER(S):		MAILING ADDRESS:	
ROLL NO.:	ZONING:	LEGAL DESCRIPTION:	
BUSINESS LICENCE:	BUSINESS NAME:		
DOG TAG:	DOG DESCRIPTION:		