



## RURAL MUNICIPALITY OF ARGYLE BYLAW ENFORCEMENT COMPLAINT FORM

<b>NAME OF COMPLAINANT</b>			
<b>FIRST NAME</b>		<b>LAST NAME</b>	
<b>CONTACT NUMBER</b>		<b>CIVIC ADDRESS</b>	
<b>MAILING ADDRESS</b>	<b>CITY</b>	<b>PROVINCE</b>	<b>POSTAL CODE</b>

<b>COMPLAINT AGAINST</b> (Please include name and/or address)

<b>NATURE OF COMPLAINT</b>

<b>SIGNATURE OF COMPLAINANT</b>	<b>DATE</b>

### OFFICE USE ONLY

<b>VIOLATION</b>		<b>BYLAW NO.</b>	
<b>OCCUPIER OF PROPERTY</b>			
<b>ADDRESS OR LOCATION OF ALLEDGED VIOLATION</b>			
<b>PHONE NUMBER</b>	<b>ROLL NO.</b>	<b>LOT</b>	<b>PLAN</b>

Return completed form to  
Box 40, Baldur, MB, R0K 0B0  
[office@rmofargyle.ca](mailto:office@rmofargyle.ca)