



**MUNICIPAL POLICY - COMPLAINT MANAGEMENT**  
Village of Burk's Falls

**Bylaw Services Request Form**  
CONFIDENTIAL

This form represents a request to resolve an alleged By-law Violation within the Village of Burk's Falls. In order to proceed with an investigation you must complete this form in full, including your signature and date. By signing this form and depending on the nature of the complaint, you hereby grant consent for an Investigator to photograph and enter upon your property if necessary.

**Complainant Information:**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Your Street Address and mailing address if different:

\_\_\_\_\_  
\_\_\_\_\_

Your Email: \_\_\_\_\_ Telephone #: \_\_\_\_\_

**Subject Property Information:**

Location of alleged violation:

\_\_\_\_\_

Name of Property owner if known:

\_\_\_\_\_

Nature of complaint/Bylaw Violation: (use back of sheet if necessary)

\_\_\_\_\_  
\_\_\_\_\_

Confidentiality will be maintained between the complainant and the alleged offender, except where disclosure is necessary in a court of law or when subject to the provisions for the Freedom of Information and Protection of Privacy Act. Should this complaint proceed to court or similar quasi-judicial hearing, you may be required to give evidence as a witness, and your name filed on the complaint will become a matter of public record.

The personal information being requested on this form is being collected for the purpose of conducting a bylaw enforcement investigation and may be shared with the applicable departments and agencies for the purpose of initiating action. By providing this information you consent to its use for the above purposes.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

Please note that this completed and signed form can be submitted to the Village Office at 172 Ontario Street in Burk's Falls or can be faxed to 705-382-2273. **Partially completed or unsigned forms will not be accepted.**