Village of Vibank Bylaw Complaint Form

| DATE: | 1 | ΓΙΜΕ: | |
|------------------------|------------------------------|--|----------------------|
| NAME | | | |
| PHONE # | | | |
| MAILING ADDRESS | | | |
| STREET ADDRESS | | | |
| Nature of Connecessary | nplaint – Please give as mud | ch detail as possible: <i>(Use bac</i> | k of page if |
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| (Signature of C | Complainant) | (Signature of Village Repres | sentative) |
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| Followup | | | |
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Village of Vibank Box 204, Vibank Sk. S0G 4Y0 306-762-2130 village.of.vibank@sasktel.net

Date and Initials