

Town of Bouctouche

30, Évangéline Street
Bouctouche, NB E4S 3E4

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COMPLAINT FORM

(Confidential Document)

LAST NAME: _____ FIRST NAME: _____

TELEPHONE NO. : _____ CELL NO. : _____

ADDRESS: _____

INFORMATION ABOUT THE OWNER IN VIOLATION (IF NECESSARY)

LAST NAME: _____ FIRST NAME: _____

CIVIC ADDRESS: _____

LOCATION: _____

NATURE OF THE COMPLAINT

Date of the offence or the complaint: _____

EXPLAIN THE REASON FOR THE COMPLAINT AND WHY YOU FEEL THAT THERE IS AN INFRINGEMENT:

Complainant's signature: _____ Date: _____

Note: Any complaint that is not signed by the complainant will not be considered as a formal complaint and will not be processed by the municipal administration. All signed complaints are considered confidential by the Town except under a Court Order.

