



Municipality of
SHUNIAH
MUNICIPAL BYLAW

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COMPLAINT INTAKE FORM

Date: _____ Time: _____

Type: Bylaw Provincial Statute General Query Other

Complainant

Name: _____

Address: _____

Telephone: _____ Alternate #: _____

Complaint: _____

Subject of Complaint

Name: _____

Address/Location: _____

Telephone: _____

Other Information (Plate Number, Dog Breed, etc.): _____



File Number: _____