



Town of Lake Cowichan

Bylaw Complaint form

Your Information

Name

Phone number

Address

Subject of the Complaint:

Dog Complaint
Noise
Unsightly premises
Other

Name:

Address:

Details of the complaint (please use additional paper if required):

For Office Use

Passed to Bylaw Officer:

Report Outcome:

Date Closed:

SIGNATURE REQUIRED

DATED: _____