



TOWN OF SEDGEWICK

4818-47 Street
Sedgewick, AB
T0B 4C0
Phone: 780-384-3504
Fax: 780-384-3545

COMPLAINT FORM

Upon receipt of written complaint at the Town Office, the information is forwarded to the Bylaw Enforcement Officer. Please include only specific facts and details you have witnessed.

Name of Complainant: _____

Address: _____ Phone number: _____

Date and time of offense: _____

Location of Offense: _____

Owner's Name: _____ Owner's Address: _____

Specific fact and details of the offence: _____

Complainant Signature

Date Signed

Note – By submitting this signed complaint you are agreeing to appear in a court of law if necessary and speak to any charges that may be generated by this complaint.

Office Use:
Date Received: _____ Received by: _____