

# Town of Craik

222 Grid 643, Craik, SK, P.O. Box 60 S0G 0V0  
306-734-2250  
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townofcraik.ca

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## Bylaw Enforcement Complaint Form

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Location of: \_\_\_\_\_

Reason for Complaint: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Complainant: \_\_\_\_\_

Admin Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

