



**RURAL MUNICIPALITY OF BIG RIVER NO. 555  
BYLAW NO. 23-02-04**

4. Provide contact information for all people

5. Number of exhibits attached (if applicable):

6. If more space is required, please attach additional pages if needed.

7. This form must be completed in full for the designated officer to move forward.

**I declare that the information given by me with respect to the above statements is true in all respects. I understand that signing a false affidavit may expose me to prosecution under the Criminal Code of Canada.**

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
*(Signature of Complainant)*

**For Office Use Only:**

Date Received: \_\_\_\_\_ Ref #: \_\_\_\_\_

\_\_\_\_\_  
Signature of Designated Officer