



Request for By-Law Enforcement Services

E-mail to: administration@calvintownship.ca

MUNICIPAL CODE: _____

Chisholm: CH

Papineau-Cameron: PC

East Ferris: EF

Bonfield: BO

Calvin: CA

OCCURRENCE NO: _____ Date: _____ Time: _____

Taken by: _____

Informant Name: _____ Update Requested: Yes No

Contact Telephone No.: _____

Contact Address: _____

TYPE OF OCCURRENCE (check box)

Property Standards:

Fire:

Landfill

Municipal By-laws:

Building Code:

Recycling

Animal Control:

Roads:

Other: _____

DETAILS OF THE OCCURRENCE: Date: _____ Time: _____

FURTHER DETAILS IF KNOWN:

Property Owner Name: _____

Legal Description of Property: _____

Mailing Address: _____

Phone Number: _____

Date File Closed: _____

MUNICIPAL CODE: _____

OCCURRENCE NO.: _____

ACTIONS COMPLETED BY MLEO: