



GENERAL BYLAW COMPLAINT

WITNESS STATEMENT

** Statement must be submitted to the Town Office within 15 days of the incident

File Number (office use)			
Offence Date			
Year	Month	Day	Time

Name		Address		Age/ D.O.B.	
Residence Telephone Number		Business Telephone Number		Postal Code	
Can You Identify The Accused? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Accused	Address of Accused		Age	Sex of Accused
Can You Identify The Vehicle/Property? <input type="checkbox"/> Yes <input type="checkbox"/> No	Vehicle Type/Color		Vehicle Plate		

Location Of Occurrence

Details Of Occurrence

Should this matter go to Court, witnesses will be required to give evidence

Witness Signature	Officer Signature	Statement Date		
		Year	Month	Day



GENERAL BYLAW COMPLAINT

WITNESS STATEMENT CONTINUATION

Details Of Occurrence

Lined area for writing the witness statement.

Should this matter go to Court, witnesses will be required to give evidence

Witness Signature	Officer Signature	Statement Date Year Month Day
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