



**Engineering & Development Services
Department**
By-Law Enforcement Services

NOTE: All of the following fields **MUST** be completed.

Reported by: _____

Address: _____

Date: _____ Phone Number: _____ Email: _____

I have a concern or concerns about the following property:

Address of property: _____

The following are my concerns (please provide details):

By checking this box, you agree to all applicable terms and conditions of The City of Belleville Bylaw Enforcement Policy Directive and the Municipal Freedom of Information and Protection of Privacy Act, as amended. For additional information or assistance with this form email: bylawenforcement@city.belleville.on.ca

Office Use Only Inspection date: _____ Class of Infraction: _____

Inspection Notes:

Date Order Sent: _____ Compliance Achievement Date: _____