

ORDINANCE VIOLATION COMPLAINT FORM



Person Reporting: _____

Complaint Type:

Weeds/Overgrowth

Junk/Garbage

Vehicles

Animal

Other: _____

Address of Violation: _____

Violation Date: _____ Violation Time: _____

Visual Observations:

OFFICE USE ONLY

Property Owner: _____ Renter: _____

Mailing Address: _____

Contact Phone: _____ Date Received: _____

Employee Handling the Complaint: _____

Action Taken: _____