



CITIZEN'S COMPLAINT FORM

Print and complete this application and send to City Clerk's Office

Name: _____ Date : _____

Mailing Address: _____

City/State/Zip: _____

Phone Number: _____ Email: _____

Date of Issue: _____ Time of Issue: _____

Location of Issue: _____

Owner of Property: _____

Other Person(s) Involved: _____

Nature of Complaint

- | | |
|--|---|
| <input type="checkbox"/> Dog
<input type="checkbox"/> Excessive Noise
<input type="checkbox"/> Hazard – Fires
<input type="checkbox"/> Hazard – Other
<input type="checkbox"/> Junk/Junked Cars
<input type="checkbox"/> Juveniles
<input type="checkbox"/> Odor | <input type="checkbox"/> Other
<input type="checkbox"/> R.V.
<input type="checkbox"/> Road/Street
<input type="checkbox"/> Traffic
<input type="checkbox"/> Trash/Garbage
<input type="checkbox"/> Weed
<input type="checkbox"/> Zoning |
|--|---|

Additional Comments/Information:

FOR OFFICE USE ONLY	
Date Received	
Referred to:	
Action Taken	
Completed By:	