

ORDINANCE VIOLATION COMPLAINT FORM

File ID Number: _____

File Date: _____

Filer's First Name: _____

Last Name: _____

Violation's Physical Address: _____ **PID Number:** _____

Nature of Violation: _____

Filer signature: _____

NOTE: This form must be signed. Your name will not be released unless this issue would go to court.

For Office Use Only

Town Supervisor as filer: Yes No

Ordinance Number: _____

Second Notice Mailing Date: _____

Agenda Date: _____

Investigation Date: _____

First Notice Mailing Date: _____

Supervisor's Name: _____

Response to First Notice: _____

Result of Investigation: _____

Board Action Taken: _____

Pre-authorized Action Taken: _____