COMPLAINT FORM Pleasant Dale CODE VIOLATION

REPORTING PARTY

Name:	Phone	ə: _		
Email:				
Address:				
VIOLATION				
Date:	Time:			
Location:				
Name and Address of Person who Committed Violation:				
Description of Violation:				
Applicable Code Provision:				
Names and Contact Information for other Witnesss:				
Is there photo or video evidence:] YES	[] NO	ATTACH A COPY
Is Reporting Party willing to testify in court: [] YES	[] NO	
This Complaint is more likely to be successfully prosecuted if the Reporting Party is willing to testify in court.				
Other Comments:				
Signature	Date			

In order to process and move forward, ALL complaints MUST be signed or it is not considered fully complete. These can be dropped off at the drop box, emailed to village.pleasantdale@windstream.net, or mailed po box 182. Thank you