

City of Lakeside

CITIZEN COMPLAINT

Alleged Violators:

Name:

Address:

Location of Violation:

Address:

Description of Violation:

Documentation or Evidence Attached? Yes No

Have you spoken to the alleged violators about this issue? Yes No

Complainant:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: Phone #

Signature of Complainant Date

1. I Do request that my name and personal information be kept confidential. (Please initial your preference)

Your email address is required for regular updates on the status

Owner:

Address:

Tax Lot #

Section

Range

Township

FILE #: TYPE: NUISANCE ZONING OTHER

RECEIVED BY:

DATE RECEIVED:

**OFFICE USE ONLY**