



ORDINANCE VIOLATION COMPLAINT

City of Oronoco

All personal information will be kept confidential. It is used only for our records, or if we need further clarification of complaint information given. Please have all information filled out.

Applicant Information:

Name: _____ Phone: _____

Address: _____

Complainant Information:

Name: _____ Phone: _____

Address: _____

Describe in detail the problem / violation that has occurred:

Have you talked with the complainant or contacted the Police Department? If so, when: _____

THIS SECTION FOR CITY USE ONLY



Investigated By: _____ Date: _____

Actions / Procedures Followed:
