



CITY OF FAYETTEVILLE COMPLAINT FORM

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| YOUR NAME: | | |
| STREET ADDRESS: | | |
| TELEPHONE HOME: | CELL: | WORK: |

| SUBJECT OF COMPLAINT | |
|----------------------|-------------------------------------|
| NAME: | |
| STREET ADDRESS: | DATE AND TIME OF ALLEGED VIOLATION: |

Please list the issue pertaining to your complaint:

- Overgrown lots Disabled / junk vehicles Illegal dumping
 Illegal signs Other

Please provide a detailed description regarding your complaint:

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Can you provide photos pertaining to the complaint? Yes No

Is this violation visible from the street? Yes No

Have you contacted anyone with the City previously about this issue? Yes No

If YES, please provide the date of contact and the name of the person you spoke with about this issue :

Should court action be filed concerning the complaint, would you be willing to testify to the facts stated in this complaint? Yes No

Are you 18 years old or older? Yes No

SIGNATURE: _____ **DATE:** _____

REPORT TAKEN BY: _____ **DATE TAKEN:** _____

Sworn to and Subscribed before me

this _____ day of _____, 20____

Notary Public