

**CITY OF WESTON  
ORDINANCE COMPLAINT**

DATE: \_\_\_\_\_

**REPORTING PERSON**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE OR CELL NUMBER \_\_\_\_\_

ARE YOU WILLING TO TESTIFY AT HEARING IF YOUR COMPLAINT GOES TO COURT? \_\_\_ YES \_\_\_ NO

**SUSPECTED VIOLATING PARTY**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

LOCATION OF COMPLAINT \_\_\_\_\_

DATE AND TIME OF COMPLAINT \_\_\_\_\_

**WHAT IS THE NATURE OF THE COMPLAINT**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I CERTIFY THE ABOVE INFORMATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINTED NAME

-----  
**OFFICE USE ONLY**

DATE RECIVED \_\_\_\_\_

READ BY \_\_\_\_\_

ORDINANCE VIOLATION: YES OR NO

ORDINANCE # \_\_\_\_\_

DISPOSITION

FOUNDED/ACTION TAKEN

UNFOUNDED/ACTION TAKEN

CASE# _____
Connect# _____