



114 E. Main Street – P.O. Box 579 – Weston, Oregon 97886

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[www.CityofWestonOregon.com](http://www.CityofWestonOregon.com)

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## ORDINANCE COMPLAINT

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

### **REPORTING PERSON:**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE / CELL NUMBER:  
\_\_\_\_\_

Do you wish to make this complaint anonymously? \_\_\_ YES \_\_\_ NO *[If you answer “yes,” the City will make all reasonable efforts to keep your identity confidential, but cannot guarantee confidentiality. Furthermore, your testimony may still may be needed at a later hearing.]”*

In order to prosecute a potential violation, the City MAY be required to hold an evidentiary hearing. Are you willing to testify at the hearing? \_\_\_ YES \_\_\_ NO

### **SUSPECTED VIOLATING PARTY**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

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

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

