

114 E. Main Street – P.O. Box 579 – Weston, Oregon 97886 541-566-3313 * 541-566-2792 Fax

www.CityofWestonOregon.com

Sheila Jasperson, City Recorder <u>recorder@cityofwestonoregon.com</u>

ORDINANCE COMPLAINT

DATE:
REPORTING PERSON:
NAME:
ADDRESS:
ELEPHONE / CELL NUMBER:
Do you wish to make this complaint anonymously? YES NO [If you answer "yes," he City will make all reasonable efforts to keep your identity confidential, but cannot quarantee confidentiality. Furthermore, your testimony may still may be needed at a later nearing.]"
n order to prosecute a potential violation, the City MAY be required to hold an evidentiary nearing. Are you willing to testify at the hearing? YESNO
SUSPECTED VIOLATING PARTY
NAME:
ADDRESS:
PHONE NUMBER:
OCATION OF COMPLAINT:



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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 RECEIVED:		RECEIVED BY:		
ODDINANCE VIOLATION, VEC OD NO				
ORDINANCE VIOLATION: YES OR NO ORDINANCE #				
DISPOSITION				
FOUNDED/ACTION TAKEN UNFOUNDED/ACTION TAKEN				
J. J				
Rev: 3/2020				