



CITIZEN COMPLAINT FORM

Please indicate type of violation:

- High Grass/Weeds Junk Vehicle Junk/Debris Illegal Dumping Other

Complainant Information:

Date of Complaint: _____ Complainant's Name: _____
Complainant's Address: _____
Complainant's Phone Number: _____ Do you wish to be contacted: ___ YES ___ NO

Violation Information:

Violator's Name: _____
Violator's Address or Location: _____
Summary of Violation: _____

For City Use Only:

Referred to Department: _____ Date Received: _____
Code Violation Number (if any): _____
Action Taken: _____

Date of Action Taken: _____ Signature: _____

Please email to Lisa Dawn Cabrera at lcabrera@cityofkrum.com.