

# City of Walton

## Citizen Complaint Form

Date: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Work (or Cell) Number: \_\_\_\_\_

Violation Address: \_\_\_\_\_

Type of Complaint: (Check all that apply)

Inoperable Vehicle(s)

Litter

Sewer/Drainage

Trash & Garbage

Tree(s) & Shrub(s)

Weeds & Noxious Growth

Zoning

Other: \_\_\_\_\_

Comments:

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Signature of citizen making complaint: \_\_\_\_\_

Signature of city staff receiving/filling out complaint: \_\_\_\_\_