

City of Devine
Code Compliance Department
Ordinance Violation Complaint Form

* Mandatory for complaint to be considered a valid, and an investigation to be conducted.

***Date:** _____ **Time:** _____ (AM / PM)

***Complainant:** _____

Address: _____

Phone # / Alternate Ph. #: _____ Best time to call: _____

Email Address: _____

May we contact you if we have any questions, or difficulty in locating violation? Yes No

May we contact you as a witness if this violation is filed in Municipal Court? Yes No

STATEMENT OF VIOLATION (ADEQUATE INFORMATION MUST BE PROVIDED TO LOCATE THE VIOLATION.)

***Location / Address:** _____

Owner's Name (if known): _____

Owner's Mailing Address (if known): _____

Can violation be seen from street or other public place (name or description)? Yes No _____

In your opinion, does the violation constitute an immediate danger to life or property? Yes No
(If yes, explain below.)

***Statement as to violation/condition (attach additional pages if necessary):** _____

Signature

Date