



1100 McDuff Avenue / Post Office Box 425 Grandview, Texas 76050
Office: (817) 866-2699 Fax: (817) 866-2961

Code of Ordinance Complaint Form

LOCATION OF COMPLAINT *(If the address is unknown, please provide detailed location information)*

Street Address: _____ City: Grandview, TX 76050

Property owner's name, if known: _____ Phone: _____

How long has the violation existed? _____

NATURE OF COMPLAINT *(Please provide detailed information related to your complaint)*

(Continue on next page)

This complaint must be signed, with your phone number and your mailing and physical addresses. Please clearly print all information.

Every effort will be made to keep the information herein confidential within the limits of existing law, but this is a public document and subject to disclosure under the Public Records Act.

Your testimony may be necessary in order to prosecute this case if it requires court action. Would you be willing to provide this testimony in court? YES _____ NO _____ Please understand if you are unwilling to testify in court, enforcement action may not be taken.

Please provide any photos or other evidence of the alleged violation.

COMPLAINANT'S INFORMATION

Complainant's Name: _____ Phone: _____

Email Address: _____ Alt. Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Complainant certifies under penalty of perjury that the information set forth above is true and correct of Complainant's own knowledge.

Complainant's Signature

Date

