

TOWN OF SEYMOUR

6500 TOWER DRIVE
EAU CLAIRE, WISCONSIN 54703
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CITIZENS COMPLAINT FORM

Date: _____

Complainant Name: _____

Address: _____

Phone #: _____

Remain Anonymous? YES NO

Violator's Name _____

Address _____

License Plate if available _____

Time of Offense _____ Date of Offense _____

Location of Offense _____

Description of Offense _____

Official Use Only

Who responded to the complaint _____

Resolution _____

Citation given? YES NO How much was citation? _____

Code Violation # _____ Offense # 1st ____ 2nd ____ 3rd ____

Date of Previous Complaint _____