

Complaint File Number \_\_\_\_\_  
Date \_\_\_\_\_

**CITY OF SODAVILLE  
ORDINANCE VIOLATION COMPLAINT FORM**

Describe Complaint:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Location of Property (street address or other description)

\_\_\_\_\_  
\_\_\_\_\_

Name of Person Making Complaint: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_

Complaint Accepted by: \_\_\_\_\_

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

Results of Initial Investigation by City: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Further Actions on Complaint:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_