



CITY OF HAMILTON OFFICIAL COMPLAINT FORM

COMPLAINANT INFORMATION

Name _____
Please Print or Type *Last* *First* *Middle Initial*
 Address: _____
 City: _____ State _____ Zip _____
 Phone: Day: (____) _____ Evening: (____) _____

ALLEGED VIOLATION

Name: _____ Phone: (____) _____
 Address: _____
 City: _____ State: _____ Zip: _____

ABOUT YOUR COMPLAINT

Nature of Complaint Junk Vehicle Weeds Signs Garbage Permits/Code Water Other

Complaint _____

SIGNATURE

I declare, under penalty of perjury under the laws of the State of Montana, that the information contained in this complaint is true and accurate, and that any documents attached are true and accurate copies of the originals.

I understand that this official complaint form, once signed and filed with the City of Hamilton Public Works Department, constitutes a public record under Montana Law that is generally open to public inspection.

Signature _____ Date _____

FOR OFFICE USE ONLY

Action Taken: _____

Called on: _____ Sent Letter on: _____ Site Visit on: _____

City Employee Responding: _____