# Complaint Form

**City of Box Elder, 420 Villa Drive** **Planning Office 923-1404**

| | | | |
|---|---|---|---|
| **Date:** | | **Time:** | |

| | | |
|---|---|---|
| **Name of Complainant** | | (Optional) |
| **Phone #** | | (Optional) |
| **Address** | | (Optional) |
| **Do You Wish to be Contacted?** | **YES:** | **NO:** |

| | | |
|---|---|---|
| **Specific Location of Complainant** | | **(Required)** |
| | | |
| | | |

| | |
|---|---|
| **Detailed Nature of Complainant** | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

| | | | | | |
|---|---|---|---|---|---|
| **Referred To:** | | **Date:** | | **Time** | |

| | |
|---|---|
| | **Mayor** |
| | **Police Department** |
| | **Public Works** |
| | **Planning & Zoning** |
| | **Other** |

| | |
|---|---|
| **Notes:** | |
| | |
| | |
| | |
| | |

| | | | |
|---|---|---|---|
| **Disposition/Abatement:** | | **Date:** | |
| | | | |
| | | | |
| | | | |
| | | | |

*Updated July, 2014*