



CODE VIOLATION COMPLAINT FORM

File #: _____
Office Use Only
Revised 6-2013

ALLEGED VIOLATOR

Property Owner: _____ Daytime Phone: (____) _____

SITE INFORMATION

Site Address: _____

Property Location (if known): ____ 1/4, ____ 1/4, Sec. _____, T. ____ N. R. ____ W. - Town of _____

NATURE OF COMPLAINT

If you wish to report a suspected violation of the St. Croix County *Land Use Ordinance* or the St. Croix County *Recycling Ordinance* - complete this complaint form and submit as much supporting evidence (i.e. photos, documents, etc.) as possible in support of the complaint.

Please be advised that under Wisconsin’s Public Records Law, Wis. Stats. §19.31, et al., the complaint and supporting evidence will be available for public review upon request. Only in an exceptional case may access be denied.

Your contact information is **OPTIONAL**:

Name: _____ Email Address: _____
Address: _____ Phone Number: _____
City/State/Zip: _____

OFFICE USE ONLY

Date Received: ___/___/___ Staff Receiving Complaint: _____
Computer #: _____ Parcel #: _____
Zoned: _____ Code Section(s) violated: _____