



# CITY OF VICTOR

P. O. Box 86, Victor, CO 80860

719-689-2284

Date of Complaint: \_\_\_\_\_

Street Address of Violation: \_\_\_\_\_

Legal Address of Violation: \_\_\_\_\_

Description of Violation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Owner/Occupant/Agent of Property in Violation: \_\_\_\_\_

Address of Violator (if different from subject property): \_\_\_\_\_

Violator's Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

I, the undersigned, do affirm that the information submitted here is true and accurate to the best of my knowledge.

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

***BELOW FOR OFFICE USE ONLY***

Date of Receipt \_\_\_\_\_ By: \_\_\_\_\_

Resolution of Complaint: \_\_\_\_\_

\_\_\_\_\_