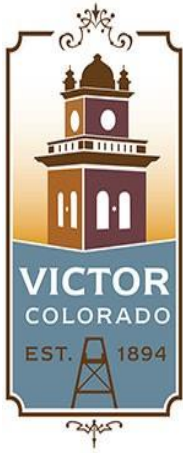


Short-Term Rental License Complaint Form



**CITY OF VICTOR**  
**P. O. Box 86, Victor, CO 80860**  
**719-689-2284**

Name of Owner or Host: \_\_\_\_\_

Address of Short-Term Rental: \_\_\_\_\_

Please include a link to the online Short-Term Rental Listing (if applicable), and describe exactly what happened, including the date(s), Time, place and persons involved in the incident (attach additional sheets if necessary):

Your Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

If necessary, are you willing to testify about this incident? Yes \_\_\_\_\_ No \_\_\_\_\_

<b>City of Victor Staff USE ONLY</b>	
Date & Time Complaint Received: _____	By: _____
Complaint# _____	Permit # _____

