

# TEKAMAH CITY CODE VIOLATION COMPLAINT

Date \_\_\_\_\_

Name of person making complaint \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Description and location of complaint \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of person making complaint

\_\_\_\_\_  
Printed Name

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## OFFICE USE ONLY

Date complaint investigated by police or city staff \_\_\_\_\_

Was the complaint valid? ( ) Yes ( ) No

City Code # \_\_\_\_\_

Brief description/notes \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Investigating Staff Person/Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name