

ORDINANCE COMPLAINT FORM
TOWN OF SAGUACHE
P.O. BOX 417
SAGUACHE, CO 81149
PHONE 719-655-2232
FAX 719-655-2699
tos417@centurytel.net

Defendant's Name (if known)

Defendant's Address

Ordinance No: _____ Section: _____

Type of Violation: _____

Nature of Complaint: (please give complete details)

Location of Incident: _____

Date of Incident: _____ Time of Incident: _____

Complainant's Signature: _____ Date: _____

Town Official's Signature: _____ Date: _____

[] Original copy to be filed in Town Hall

[] Copy to defendant

[] Copy to Complaint