

DATE RECEIVED: _____	***OFFICE USE*** REFERRED TO: _____ _____ ACTION IF ANY _____ _____ DATE: _____ %
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**VILLAGE OF HALES CORNERS
MUNICIPAL CODE COMPLAINT FORM**

DATE: _____

NAME, ADDRESS AND PHONE NUMBER OF COMPLAINANT:

LOCATION OF ALLEGED VIOLATION? (Be specific as possible, including address and/or tax key
Tax Key # _____

Address: _____

PROPERTY OWNER'S NAME: _____

DESCRIBE ACTIVITY OBSERVED IN DETAIL: _____

DO YOU HAVE ANY EVIDENCE OF ALLEGED VIOLATION? (photos, receipts, etc.)

COMPLAINANT SIGNATURE (optional): _____

Note: If this is a police matter, please contact our Police Department 1-414-529-6140