

Witness Report

Instructions: Please print legibly or type.

SECTION A, <i>COMPLAINANT INFORMATION</i>		
Complainant Name		
Mailing Address		
City, State, Zip		
Telephone		
SECTION B, <i>ALLEGED VIOLATOR INFORMATION</i>		
Alleged Violator Name		
Mailing Address		
City, State, Zip		
Telephone		
SECTION C, <i>VIOLATIONS PROPERTY LOCATION AND DESCRIPTION</i>		
Township	North, Range	, Section
Tax ID/Parcel Number 16 digits		
Development Site Address		
Zoning District	Political Township	Total Acres
Current Subdivision Name		Lot Number
Description of the Violation. Allegation of violations must be specific. Indicate month (if known) and the year that the problem began.		

DIRECTIONS TO THE LOCATION OF THE ALLEGED VIOLATION.

I hereby affirm that the information contained hereon is true to the best of my knowledge.

Signature of Witness and Date of Signature

The person signing this complaint hereby agrees to act as a witness for the prosecution, should enforcement lead to court proceedings.

State of Missouri }
County of Franklin } ^{ss}

Subscribed and sworn before me this _____ day of _____, 20_____.

Notary Public

My commission expires: _____