



JEFFERSON COUNTY OREGON

PO Box 709 Madras, Oregon 97741 Phone: (541) 475-4459 FAX: (541) 475-1877

WEED ENFORCEMENT COMPLAINT FORM

Instructions: It is important that you supply as much detail as possible, such as location and type of weeds. Return the completed form to the address above, Attn: Weed Coordinator or email to weedcoordinator@jeffswcd.org

Date: _____

Address of Violation(s): _____

Latitude and Longitude: _____ City: _____

State: _____ Zip: _____ Nearest Cross Street: _____

Subdivision: _____ Residents Name: _____

Phone: _____ Owner of Property: _____

Address: _____ City: _____

State: _____ Zip: _____

Details of Complaint (be specific): _____

ARE THERE ANY KNOWN OR SUSPECTED HAZARDS AT THIS LOCATION?

IE: Dangerous or unstable residents, dogs, criminal activity, etc.

() YES () NO () UNKNOWN

If yes, please identify the hazard in detail: _____

**** Continue on reverse side ****

Complainant: (Your Name)

Name: _____ Address: _____
City: _____ State: _____ Zip: _____ Daytime phone #: _____

Can violation be seen from the road? (Yes No If not, what is the best inspection point?

Is the Complainant a neighbor? () Yes () No
The complainant gives the Weed Program Technician permission to use their property for viewing the violation: Ye Yes No If not, why: _____

Will you, the complainant, testify in court, should the need arise?) Yes) No

If you have photos, or other related information, that can be used as evidence of this violation, please submit them with this form. The submitted documentation will not be returned and will become part of the complaint file.

By signing below, I declare, under penalty of perjury, that all information submitted on and with this form is true and accurate to the best of my knowledge.

COMPLAINANT

DATE

Thank you for assisting in making Jefferson County a better place to live.

FOR OFFICE USE ONLY

Subdivision: _____ Lot: _____ Block: _____ Township _____
Range _____ Section _____ Taxlot _____