



**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: ( ) 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.

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**FOR OFFICE USE ONLY**

Subdivision: \_\_\_\_\_ Lot: \_\_\_\_\_ Block: \_\_\_\_\_

Township \_\_\_\_\_ Range \_\_\_\_\_ Section \_\_\_\_\_ Taxlot \_\_\_\_\_