

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. Return the completed form to the address above, Attn: Carla Bridges or email to zberger@jeffco.net

Date:	_		
Address of Violation(s):			
Latitude and Longitude:			
City:	State:	Zip:	
Nearest Cross Street:		<u> </u>	
Subdivision:			
Residents Name:	Phone:		
Owner of Property:			
Address:			
City:	State:	Zip:	
Details of Complaint (be sp	ecific):		
ARE THERE <u>ANY</u> KNOWN (IE: Dangerous or unstable resid	ents, dogs, criminal activity, etc		
() YES () NO (If yes, please identify the ha	•		

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

Name: _____ Address: _____ State: _____ Zip: ____ City: 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. FOR OFFICE USE ONLY Subdivision: _____ Lot: ____ Block:____ Township_____ Range_____ Section____ Taxlot_____

Complainant: (Your Name)