

Complainant Information

Name: _____

Mailing Address: _____

Phone Number: _____ Date: _____

VIOLATION

DATE: _____ TIME: _____

DESCRIPTION OF VIOLATION: (click in space below to enter text)

NAME OF PROPERTY OWNER: _____

PHYSICAL ADDRESS OF VIOLATION: _____

ADDRESS OR DRIVING DIRECTION TO LOCATION OF VIOLATION: (click in space below to enter text)

SUBDIVISION, section, blk & lot(s):

(For Office Use Only)

VIOLATION NUMBER: _____

INVESTIGATION RESULTS AND RECOMMENDATIONS:

DATE: _____ SAMPLED: YES: NO:

NARRATIVE: (click in space below to enter text)

CASE CLOSED: _____ PER: _____

Save Your Changes; and E-Mail completed form to permits@co.polk.tx.us