



CITY OF VICTOR

P. O. Box 86, Victor, CO 80860

719-689-2284

Date of Complaint: _____

Street Address of Violation: _____

Legal Address of Violation: _____

Description of Violation: _____

Owner/Occupant/Agent of Property in Violation: _____

Address of Violator (if different from subject property): _____

Violator's Home Phone: _____ Work Phone: _____

I, the undersigned, do affirm that the information submitted here is true and accurate to the best of my knowledge.

Signature: _____ Phone: _____

BELOW FOR OFFICE USE ONLY

Date of Receipt _____ By: _____

Resolution of Complaint: _____
