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CITY OF NORTH BONNEVILLE COMPLAINT REPORT FORM

REPORTED BY (Name):	•
Mailing Address:	(circle one)
Phone Number:	
LOCATION OF ALLEGED INCIDENT (physical address and/or tax lot r	number):
DATE/TIME OF INCIDENT:	
DETAILS OF INCIDENT:	
{If additional space is needed, plo	ease use back of form)
(
Below this line for O	ffice use only
REPORT RECEIVED BY	DATE:
Copies of this report have been referred to the following Departments:	ACTION TAKEN:
Building Health Planning	
Police Public Works Council Other	
FOLLOW UP COMMUNICATION/DATE:	