



TOWN VIRGIN
114 S. Mill Street
PO Box 790008
Virgin, UT 84779
(435) 635-4695

COMPLAINT FORM TOWN OF VIRGIN

(Attach additional pages as needed)

Complainant's Name and Address: _____

Complainant's Home Phone: _____ Complainant's Cell Phone: _____

Address where Violation is Occurring: _____

Name of Violation Address Property Owner (if possible): _____

Type of Violation (Land Use, Building, Graffiti, vandalism, etc.): _____

Which Ordinance does Complainant(s) believe is being Violated? _____

Nature of the Complaint(s): _____

How does the alleged ordinance violation personally affect the Complainant(s)? _____

Has complainant contacted associated properly owner? _____ Yes _____ No

What efforts has Complainant made to resolve the matter, with what result? _____

CONFIDENTIALITY: Your name will be disclosed upon request. The Town will disclose your name as, The Constitutional right to confront an accuser (i.e., the right of cross examination requires disclosure) If you do not disclose your name or are unable to or refuse to testify, the case will be dismissed. **BY SIGNING, BELOW, I AM INDICATING THAT I UNDERSTAND THAT MY NAME WILL BE DISCLOSED.**

Signature(s): (signed before Town Clerk or notary) EMAIL: _____

Date: _____

Date:

Acknowledgment

State of Utah)

§

County of Washington)

On this _____ day of _____, in the year 20____, before me, _____ a notary personally appeared _____, proved on the basis of satisfactory name of document signer evidence to be the person(s) whose name(s) (is/are) subscribed to this instrument, and acknowledged (he/she/they) executed the same. Witness my hand and official seal.

Notary Public

TOWN USE ONLY

Date Application Received: _____ Staff Initials: _____

Town Response (documentation attached as needed): _____

Date Completed: _____ Town Clerk Signature: _____