

Complaint of Violation  
Village of Weston

All fields must be completely filled out in  
order for this issue to be pursued further.



5500 Schofield Ave  
Weston, WI 54476

Complainant Contact Information:

Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Alleged Violator Information:

Date of Violation: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
Description of Location: \_\_\_\_\_  
Category of Complaint:  Grass/Weeds/Vegetation  
 Garbage  
 Vehicle/Parking  
 Property Maintenance  
 Building Code Violation  
 Mailboxes  
 Sidewalks  
 Road Maintenance  
 Other:

Description of Violation:  
(Please include a timeframe)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Description of how the matter should be resolved:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If the matter were to be brought forth before a court of law, would you be willing to testify?  Yes  No

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office Use Only: Case Number: \_\_\_\_\_

Inspected By: _____	Date: _____	Status: _____
1 <sup>st</sup> Action Taken: _____	Date of Action: _____	_____
2 <sup>nd</sup> Action Taken: _____	Date of Action: _____	_____
Issue Resolved: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Resolved: _____	_____

Signature: \_\_\_\_\_ Date: \_\_\_\_\_