City of Tangent

32166 Old Oak Dr. • Post Office Box 251 • Tangent, Oregon 97389 (541) 928-1020 • Fax (541) 928-4920 • www.cityoftangent.org

INITIAL COMPLAINT FORM

| Date: | |
|-----------------------------------|-------------------------|
| Owner of Property/Person Response | onsible: |
| Name: | |
| Address: | |
| Location of Property Where Alle | ged Violation Occurred: |
| Name: (if different from above): | |
| Address: | |
| - | |
| Nature of Complaint: | |
| | |
| | |
| | |
| Complainant: | |
| Name: | Phone: |
| Address: | |
| Signature | |

Complaints will not be investigated unless the complainant has signed this form.