

INGRAM POLICE DEPARTMENT

226 HWY 39

INGRAM, TX 78025

PHONE (830) 367-2636

City Ordinance Citizen Complainant Form

Please complete the following information so that the Code Enforcement Officer can investigate your complaint. Please print clearly.

Date/Time _____

Your name _____

Your address _____

Your Phone Number _____

Address of Violation _____

Nature of Violation (include all facts of your complaint)

Explain how you feel this complaint should be resolved

Should a citation be issued, you may be required to testify to the above complaint in a Court of Law. Do you agree to so testify? Yes___ No___ (If you check No it is possible that the City will not take any action on your complaint.)

Signature _____ Date _____

ALL COMPLAINTS MUST BE SIGNED TO BE CONSIDERED VALID

Police Department Use Only

Received by _____ Date _____

Comment _____

June 2016