

CITY OF LUCAS, KS

**Municipal Code Violation
Complaint Form**

Description of Complaint

Location of Potential Violation

Violator Information (Name, address, etc. if known)

Complainant Information:

Name _____
Address _____
E-mail _____
Phone Number _____
Date _____
Signature _____

If this complaint is to be confidential please sign below. Complaint will be processed indential to standard complaints, with the exception that the complainant information is withheld.

Signature requesting confidentiality