



CITY OF SEADRIFT

POST OFFICE BOX 159
SEADRIFT, TEXAS 77983
(361) 785-2251
FAX (361) 785-2208



MUNICIPAL CODE VIOLATION COMPLAINT FORM

Description of Complaint

Location of Potential Violation

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

Complainant Information:

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

Please check box if this complaint is to be confidential. Confidential complaints are processes identical to standard complaints, with the exception that the complainant information is withheld per applicable ORS sections. Additionally, requesting confidentiality may limit advance compliance efforts such as citation or trial in Seadrift Municipal Court.

Signature requesting confidentiality

RETURN COMPLETED FORM TO:

City of Seadrift
Attn: Code Compliance
P.O. Box 159
Seadrift, TX 77983