

City of Montrose
Complaint Form

Type of Contact: Phone ___ Front Desk ___ Email ___

Name of Complainant: _____

Address: _____

Telephone Number: _____ City Resident () Non-Resident ()

Violation Address: _____

Complaint/Concern: Please describe the complaint in detail.

Date of Complaint: _____ Signature: _____

FOR OFFICE USE

Complaint received by: _____

Referred to:

- () Administrator
- () Building Inspector
- () Code Enforcement
- () Fire Department
- () Public Works

Action taken:

Date Completed: _____ Signature: _____