

**MARION COUNTY CODE ENFORCEMENT
AFFIDAVIT OF COMPLAINT**
(Please use black ink and print legibly)

COUNTY OF MARION

CASE NUMBER _____

COMPLAINANT _____
LAST FIRST MI NAME OF PARENT OR GUARDIAN

STREET ADDRESS NAME OF LOCATION/SUBDIVISION CITY/STATE ZIP CODE

MAILING ADDRESS IF DIFFERENT HOME TELEPHONE NUMBER OTHER TELEPHONE NUMBER

ALLEGED VIOLATOR _____
LAST FIRST MI NAME OF PARENT OR GUARDIAN

STREET ADDRESS NAME OF LOCATION/SUBDIVISION CITY/STATE ZIP CODE

MAILING ADDRESS IF DIFFERENT HOME TELEPHONE NUMBER OTHER TELEPHONE NUMBER

Have you spoken to the alleged violator about the incident? (If yes, give full details):

INCIDENT(S): Give full details of the incident(s) about which you are making this complaint. Include the date(s), approximate time(s) the incident(s) took place, and the place where the incident(s) took place, and directions to the alleged violation. Use additional sheets of plain white paper if needed. NOTE: If you fail to state the specific event(s), date(s), time(s), this affidavit may be considered invalid.

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NAME OF WITNESS OF INCIDENT(S) ADDRESS AND TELEPHONE OF WITNESS

NAME OF WITNESS OF INCIDENT(S) ADDRESS AND TELEPHONE OF WITNESS

I swear the above statements and allegations are true and correct to the best of my knowledge and belief.

Signature of Complainant

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____, _____.

Personally Known to Me Personally Appeared before Me ID Presented

Signature of Notary Public

Print Name of Notary & Commission Expires