



Code Compliance Compliant Form

Lochbuie Police Department: 703 WCR 37 Lochbuie, CO 80603

PH: 303-659-1395 FAX: 303-655-9312

Complaining Party

(This information will be kept confidential unless required to be released by court order)

Name: _____

Address: _____

Phone: _____ Email address: _____

Do you wish to be contacted regarding the resolution of your complaint? Yes No

Do you wish to remain anonymous? Yes No

Code Violation / Complaint

Violator name: (if known) _____

*Site Address:(of problem) _____

(Required)

Describe Complaint: _____

Use reverse side if needed →

Signature of Complainant: _____