



# Code Compliance Complaint Form

Lochbuie Police Department  
703 Weld County Road 37  
Lochbuie, CO 80603  
303.659.1395



## 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 your complaint \_\_\_\_\_

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Use reverse side or additional pages if needed →

Signature \_\_\_\_\_ Date \_\_\_\_\_

