

For Office Use Only

Date: _____

CitizenServe File #



Town of Blue River
0110 Whispering Pines Circle
Blue River, CO 80424
970-547-0545

CODE ENFORCEMENT COMPLAINT FORM

Instructions: In order for your complaint to be accepted, you must fill in all questions completely and sign on the back of this form. It is important that you supply as much detail as possible. If you have any questions, call Town Hall at 970-547-0545.

Date: _____

Address of Violation(s): _____

City: _____ State: _____ Zip: _____

Nearest Cross Street: _____

Subdivision: _____

Residents Name: _____ Phone: _____

Owner of Property: _____

Address: _____

City: _____ State: _____ Zip: _____

Details of Complaint (be specific):

Are there any known or suspected hazards at this location?
IE: Dangerous or unstable residents, dogs, criminal activity, etc.

Yes No Unknown

If yes, please identify the hazard in detail:

The top portion of this side is required and must be completed.

Complainant: (Your Name)

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Daytime phone #: _____

Can violation be seen from the road? () Yes () No If not, what is the best inspection point?

Is the Complainant a neighbor? () Yes () No

The Complainant gives the Code Enforcement Officer permission to use their property for viewing the violation: () Yes () No If not, why:

Will you, the complainant, testify in court, should the need arise? () Yes () No
(Note: your complaint may not be accepted without your being available to testify.)

If you have photos, or other related information, can that be used as evidence of this violation, please submit them with this form. The submitted documentation will not be returned and will become part of the complaint file.

By signing below, I declare, under penalty of perjury, that all information submitted on and with this form is true and accurate to the best of my knowledge.

Complainant

Date

Thank you for assisting in making Blue River a better place to live.

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Subdivision: _____ **Lot:** _____ **Block:** _____