

**VILLAGE OF MERRILLAN
COMPLAINT FORM**

Date _____

Violation Location _____

Owner of Property (if known) _____

Address _____ Telephone # _____

Name of Person Filing Complaint _____

Address _____

Contact # _____

Nature of Complaint

Signature of person filing complaint _____ Date _____

Office Use

Received by _____ Date _____

Walk-in _____ Mail _____ Call _____ Other _____

Action Taken

Signature of Town Official _____ Date: _____

Notification(s):

1. _____ Mail _____ Phone _____

2. _____ Mail _____ Phone _____

CC to other departments: