



City of Elmendorf

P.O. Box 247 • Elmendorf, TX 78112
Office: 210-635-8210
Fax: 210-635-8221

Ordinance Violation Complaint Form

Use the following form to place an ordinance enforcement investigation request. Your personal information is necessary, however will remain anonymous and is not subject to public viewing.

Complainant Information: Rev. 02/2017		
Name		Primary Phone#
Home Street Address	City	State • Zip
Mailing Address	City	State • Zip
Email Address		
Will Complainant testify in Court if necessary? YES <input type="checkbox"/> NO <input type="checkbox"/> I WISH TO REMAIN ANONYMOUS <input type="checkbox"/>		
About the Alleged Violation:		
Location or Description of Location	Time Occurred	Date Occurred
Name of Alleged Violator (if known)		
Nature of Complaint: (Check all that apply)		
<input type="checkbox"/> Brush on right of way <input type="checkbox"/> Hazardous material		
<input type="checkbox"/> Unsecured vacant premises <input type="checkbox"/> High grass		
<input type="checkbox"/> Trees overhanging on street <input type="checkbox"/> Junked Vehicle(s)		
<input type="checkbox"/> Construction work without a permit <input type="checkbox"/> Abandoned Vehicle		
<input type="checkbox"/> Animals <input type="checkbox"/> loose <input type="checkbox"/> loud <input type="checkbox"/> too many <input type="checkbox"/> dangerous		
<input type="checkbox"/> Trash and Debris accumulation <input type="checkbox"/> on right of way <input type="checkbox"/> on property <input type="checkbox"/> both		
<input type="checkbox"/> Other:		
Please provide a brief description of the alleged violation that caused you to bring this to our attention.		
If necessary, continue on the other side.		
Signature		Date
Office Use Only		
Complaint Routed To: <input type="checkbox"/> Code Enforcement Officer <input type="checkbox"/> Police Department <input type="checkbox"/> Animal Control <input type="checkbox"/> Other _____		
Investigator Assigned: _____		Date Assigned: _____
Investigation Report:		
Action Taken: <input type="checkbox"/> Unfounded <input type="checkbox"/> 10 Day Warning <input type="checkbox"/> Appearance Ticket Issued <input type="checkbox"/> Exceptionally Cleared <input type="checkbox"/> Other _____		
Investigator Signature: _____		Completion Date: _____