**CITY OF SPARTA**
**CITIZENS COMPLAINT**

DATE:_____

NAME & ADDRESS
OF COMPLAINANT(S)

PHONE:_____
WORK PHONE:_____

_____

_____

_____

REPORTED ADDRESS OF VIOLATION(S)

_____

SUBJECT(S) OF COMPLAINT _____

_____

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_____

SIGNATURE OF
COMPLAINANT_____

RETURN THIS COMPLETED FORM TO:_____DEPARTMENT

CITY OF SPARTA
201 W. OAK STREET
SPARTA, WI 54656