

**CITY OF SPARTA
CITIZEN COMPLAINT**

DATE: _____

PHONE #: _____

NAME & ADDRESS
OF COMPLAINANT(S)

REPORTED ADDRESS OF VIOLATION(S)

SUBJECT(S) OF COMPLAINT

SIGNATURE OF
COMPLAINANT _____

RETURN THIS COMPLETED FORM TO:

INSPECTION DEPARTMENT
CITY OF SPARTA
201 W OAK STREET
SPARTA, WI 54656