CITY OF ARCOLA

COMPLAINT FORM

City Hall
114 N. Locust, PO Box 215, Arcola, IL 61910
Phone (217) 268-4966 Fax (217) 268-4968

Complainant's Name _____

Address _____ Phone_____

Location of the Violation _____

Property Owner's Name _____ Phone _____

Date Witnessed _____

Description of Complaint

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Complainant's Signature _____

PLEASE COMPLETE THE FORM AND EITHER FAX IT TO (217) 268-4968, MAIL IT TO PO BOX 215, ARCOLA, IL 61910, OR BRING IT IN TO THE CITY BUILDING AT THE ABOVE ADDRESS.

FOR OFFICE USE ONLY

Complaint received by _____ *Date* _____