TOWN OF EAGAR
CITIZEN COMPLAINT FORM

Date: _____

Complainant's Name: _____

Complainant's Mailing Address: _____

Complainant's Phone#: _____

Address/location of Complaint: _____

Name of property owner/occupant: _____

Nature of Complaint: _____

Please give as much information possible about the complaint: _____

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Signature: _____ Use other side if needed.