

Case #:_	
Date Rcvd:_	
Logged by:_	

## **CONCERN / COMPLAINT FORM**

This is a public document and subject to disclosure under the Public Records Act. If you wish your identity to remain confidential, this form may be filed anonymously. However, if you do not leave a name or contact information, we will be unable to get a hold of you if we need more information or to provide follow-up. Your contact information will be kept confidential within the limits of existing law.

Office non-emergency number at (contact (888) 997-7888.	-	-	-			n County Sherif Ince smoke issue
Location of Concern/Complaint						
Street Address/Site:						
☐ Accessory Structures	☐ Ani	mal (inc chicke	ens/rooster)	<b>□</b> D	rainage,	/Stormwater
□ Encroachment	☐ Eros	sion		☐ Fe	encing	
□ Grading	☐ Noi	se			)bstructio	on
☐ RV & Parking	□ Sev	ver		☐ Si	igns	
☐ Streets	☐ Tras	sh/Debris			egetatic	on
□ Vehicle (storage/inoperable)	■ Wa	ter		☐ Zo	oning/La	ınd Use
Other:  Details of Concern/Complaint:						
Complainant's Information Signature:						
-						
Signature:						
Signature:Name (printed):						
Signature:Name (printed): Email Address:	email, cl		_ Phone #: _ Pho			
Signature:Name (printed): Email Address:	email, cl	heck one:	_ Phone #: _ Pho <b>ly</b>	ne		
Signature:  Name (printed):  Email Address:  If you would like a follow up call/	email, cl	heck one:	_ Phone #: _ Pho <b>ly</b>	ne		Email
Signature:  Name (printed):  Email Address:  If you would like a follow up call/  Forwarded for Response To/Date:	email, cl	heck one:	_ Phone #: _ Pho <b>ly</b>	ne		Email

When complete, deliver or mail to City Hall, 4222 NE Old Salem Road, Albany OR 97321 or email to info@cityofmillersburg.org.