

# CITY OF DIXON CITIZEN COMPLAINT FORM

CASE #	
OPEN DATE	CLOSE DATE
LOCATION OF VIOLATION	APN#
COMPLAINANT NAME	RESIDENCE PHONE
COMPLAINANT ADDRESS	BUSINESS PHONE
<b>COMPLAINT</b>	
TO BE FILLED OUT BY DEPARTMENT	
NAME OF PROPERTY OWNER	RESIDENCE PHONE
ADDRESS	BUSINESS PHONE
ROUTING: COMMUNITY DEVELOPMENT, FINANCE, FIRE, POLICE, PUBLIC WORKS	
CIRCLE ONE	