



City of Marshfield
207 West 6th Street
Marshfield, WI 54449

Citizen Complaint Form

Date of Complaint:

Address of alleged violation:

Tenant/violator's name(s) (if known):

Nature of complaint:

Contact Information (the following is optional)

Name of complainant:

Address of complainant:

Phone # or email of complainant:

Please send the complaint to the City of Marshfield at planning@ci.marshfield.wi.us.
Once received, your complaint will be directed to the appropriate department or staff.

Office Use Only

Date Received:	Department referred to:	Date Sent:
Property Owner's Name:		
Property Owner's Address:		