



CITIZENS COMPLAINT FORM

Date of complaint _____

Address of Alleged Violation _____

Tenant/Violator's Name(s) (if known) _____

CONTACT INFORMATION *(The following contact information is optional.)*

Name of complainant _____

Address of complainant _____

Phone number/email address of complainant _____

NATURE OF COMPLAINT *(use additional pages as needed)*

Please email the completed complaint form to Sam Schroeder, Zoning Administrator for the City of Marshfield at Sam.Schroeder@ci.marshfield.wi.us or mail a hard copy to City of Marshfield, City Hall c/o Sam Schroeder, 630 S Central Ave, Marshfield, WI.

Office use only

Date rec'd / by _____

- | | | | |
|-------------------------------------------|-------------------------------------|-----------------------------------|--------------------------------------|
| <input type="checkbox"/> Building | <input type="checkbox"/> Electrical | <input type="checkbox"/> Plumbing | <input type="checkbox"/> Street |
| <input type="checkbox"/> Ordinance/Police | <input type="checkbox"/> Zoning | <input type="checkbox"/> Fire | <input type="checkbox"/> Other _____ |

Property Owner's Name _____

Property Owner's Address _____

City _____ State _____ Zip _____