

City of Clearwater

Citizen Complaint Form

Date: _____

First Name: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Work (or Cell) Number: _____

Violation Address: _____

Type of Complaint: (Check all that apply)

Cemetery

Care of Premises

Inoperable Vehicle(s)

Litter

Animal Nuisance

Sewer/Drainage

Trash & Garbage

Tree(s) & Shrub(s)

Weeds & Noxious Growth

Zoning

Other: _____

Comments:

Signature of citizen making complaint: _____

Signature of city staff receiving/filling out complaint: _____