



Short Term Rental Complaint Form

Name of reporter:

Name of reported:

Address:

Address:

Phone:

Phone:

Email:

Email:

Date of Incident:

Time of Incident:

Was there a Town of Baileys Harbor Ordinance code in question?

Police Called: Yes No

Police Case Number:

Officer Name:

Phone:

Was there an attempt to discuss with homeowner/renter?

Yes

No

If yes, what was the discussion

Nature of Incident:

Did Anyone else witness the incident?

If yes – Name:

Address:

Phone:

Email:

SUBMIT FORM: admin@baileysharborwi.gov or PO BOX 308 Baileys Harbor WI 54202

** for a complaint to be valid, reporter contact information must be provided