

**Town of Troy**  
**N8870 Briggs St, East Troy, WI 53120**  
**Office:262-642-5292**      **email:clerktreas@troywalworthwi.gov**

**COMPLAINT FORM**

DATE: \_\_\_\_\_

NAME, ADDRESS AND PHONE NUMBER OF COMPLAINANT:

\_\_\_\_\_  
\_\_\_\_\_

DO YOU WISH YOUR IDENTITY TO REMAIN CONFIDENTIAL: (WISC STATUTE 19.36(8))

Circle:    YES            NO

LOCATION OF ALLEGED VIOLATION? (Be as specific as possible, including address and/or tax key #)

Town \_\_\_\_\_ Section \_\_\_\_\_ Tax Key # \_\_\_\_\_

Address: \_\_\_\_\_

PROPERTY OWNER'S NAME: \_\_\_\_\_

DESCRIBE ACTIVITY OBSERVED IN DETAIL:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DO YOU HAVE ANY EVIDENCE OF ALLEGED VIOLATION? (photos, receipts, etc.)

\_\_\_\_\_

COMPLAINANT SIGNATURE (optional): \_\_\_\_\_

Indicate if you would like a follow-up phone call.    YES            NO

DATE RECEIVED: \_\_\_\_\_

REFERRED TO:

- TOWN BOARD \_\_\_\_\_
- DPW \_\_\_\_\_
- ZONING \_\_\_\_\_
- LAND CONSERVATION \_\_\_\_\_
- SANITATION \_\_\_\_\_
- WDNR \_\_\_\_\_
- Copy to LURM Director and Deputy Director