TOWN OF HANNA Complaint Form

Name:	Date:	20,
Date and Time of Incident:	Locat	tion:
Specific Nature of complain	nt:	
(If add	litional space is needed use	e another piece of paper)
List all witnesses to the inci	dent, along with addresses	and phone numbers.
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		or and /or Town Council, it will be
forwarded to the Carbon (County Attorney's Office	for investigation. False reports are a penalty of a \$750.00 fine and/or six
I, (signed) correct to the best of my kn		lly swear that the foregoing is true an belief.
Dated thisday o	of, 20	
Subscribed and sworn befo	re me thisday	y of20,
		(Notary Public)

(Seal)