

Village of Capron

115 South Fourth Street

P.O Box 314

Capron, Illinois 61012

(815) 569-2351

COMPLAINT FORM

By: _____ Name of Complainant
_____ Address of Complainant

Against: _____ Name of Violator
_____ Address of Violator

Violation of Ordinance #: _____

Description of Complaint:

Filed On: _____ Date

By: _____ Signature

Received By: _____ Signature

Village issued letter with copy of Ordinance _____ Date _____ Initials

Response or further action taken:
