

# TILTON POLICE DEPARTMENT

1001 Tilton Road, Tilton, IL 61833  
Office (217) 477-0809 Fax (217) 477-0806



## ORDINANCE COMPLAINT FORM

Date of Complaint: \_\_\_\_\_

Received by: \_\_\_\_\_  
(IF APPLICABLE)

Time: \_\_\_\_\_

### COMPLAINANT INFORMATION

Name: \_\_\_\_\_

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

Phone #: \_\_\_\_\_

Best time to call: \_\_\_\_\_

Walk in: \_\_\_\_\_

Call in: \_\_\_\_\_

Signature of Complainant: \_\_\_\_\_  
(IF APPLICABLE)

### VIOLATION COMPLAINT INFORMATION

Name: \_\_\_\_\_  
(If known)

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

Location of Violation: \_\_\_\_\_

Brief synopsis of problem: \_\_\_\_\_

Date Received: \_\_\_\_\_

Follow up date: \_\_\_\_\_

Completed date: \_\_\_\_\_

Officer Signature \_\_\_\_\_