City of Lakeside

Violation
Status / Complaint / Process

Location of Violation:

Township _____ Range _____ Section _____ Tax Lot # _____

Subdivision _____ Tax Account # _____

Alleged Violators:

Name: _____

Address: _____

Complainant:

Name: _____

Address: _____Phone #_____

Description of Violation:

_____

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Documentation or Evidence Attached? ☐ Yes ☐ No

Signature of Complainant _____ Date _____