

## Ordinance Violation - Complaint Form

Return to: Constable Sandy Gadamus  
W10013 Cedar Rd.  
Fremont WI 54940

Home Phone: (920)667-4913  
Cell Phone: (920)850-4910

1. Name of Complainant: \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_

2. Date Ordinance was violated: \_\_\_\_\_  
Name/Number of Ordinance: \_\_\_\_\_

3. Violators name(s) or address \_\_\_\_\_

4. Explain what was observed in violation of above ordinance:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. List names of all persons who observed the violation  
\_\_\_\_\_  
\_\_\_\_\_

6. State any evidence which you have for the violation, such as photos, videos, tape recordings or other evidence:  
\_\_\_\_\_  
\_\_\_\_\_

I am making this complaint with the Town of Dale concerning the above ordinance violation. I understand that I may have to testify in a court of law to the above facts. I understand that I may be subpoenaed to testify in court. I hereby state that the above facts are true.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Constable use only ---

Disposition:

Complainant; Return a signed copy to Constable Sandy Gadamus at  
the address listed above. Keep a copy for your records also.