Date	Complaint File	Number Date	
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CITY OF SODAVILLE ORDINANCE VIOLATION COMPLAINT FORM

Describe Complaint:	
Location of Property (street address or o	
Name of Person Making Complaint:	
Address: Signature:	Phone Number:
Signature:	attachment and an analysis analysis and an analysis and an analysis and an analysis and an ana
Complaint Accepted by:	
Results of Initial Investigation by City:	Date:
Further Actions on Complaint:	
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