



# CITY OF LYONS

PHONE: (503)859-2167  
FAX: (503)859-5167  
[WWW.CITYOFLYONS.ORG](http://WWW.CITYOFLYONS.ORG)

449 5<sup>TH</sup> STREET  
LYONS, OREGON 97358  
[cityoflyons@wavecable.com](mailto:cityoflyons@wavecable.com)

## CITIZEN COMPLAINT FORM

LOCATION (AND NAME IF KNOWN): \_\_\_\_\_

COMPLAINT/CONCERN/COMMENT:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**INITIATED BY:** Name \_\_\_\_\_ Phone \_\_\_\_\_

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

**SIGNATURE:** \_\_\_\_\_

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### FOR OFFICE USE ONLY:

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

Received Via Telephone \_\_\_\_\_ Letter \_\_\_\_\_ In Person \_\_\_\_\_ Memo \_\_\_\_\_

Legal Description: \_\_\_\_\_

Owner of Property: \_\_\_\_\_

Matter Referred To: \_\_\_\_\_ Date: \_\_\_\_\_

NOTES / COMMENTS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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### IF IN VIOLATION OF AN ORDINANCE:

Ordinance # \_\_\_\_\_ Section # \_\_\_\_\_

Verified By: \_\_\_\_\_ Date: \_\_\_\_\_

Notice Posted (Date): \_\_\_\_\_ Letter Sent (Date): \_\_\_\_\_