



# CITY OF LYONS

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## COMPLAINT FORM

**Owner of Property/Person Responsible:**

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

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

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

**Location of Property Where Alleged Violation Occurred:**

Name: (if different from above): \_\_\_\_\_

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

\_\_\_\_\_

Map & Taxlot: \_\_\_\_\_

Zone: \_\_\_\_\_

**Nature of Complaint:**

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

Per City of Lyons policy, anonymous complaints will not be accepted. The following information must be provided for the City to act on this complaint. All provided information will be kept confidential. However, the City may be required to disclose this complaint to the court, the parties and their attorneys, if legal proceedings result from the activities that form the basis of the complaint. ORS 192.355(4)

**Confidential Complainant:**

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

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

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

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