



CITY OF LYONS

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LYONS, OREGON 97358
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COMPLAINT FORM

Owner of Property/Person Responsible, if known:

Date: _____

Name: _____

Mailing Address: _____

Location of Property Where Alleged Violation Occurred:

Name: (if different from above): _____

Site Address: _____

Directions to Property: _____

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)

Complainant:

Name: _____ Phone: _____

Address: _____ Email: _____

Signature: _____