

Citizen Complaint Form on Overgrown Grass

(Must be filled out by complainant)

Name & Address of Complainant: _____

Telephone # of Complainant (____) _____

Violation Observed: ____ (Grass over 8 inches in height)

Please state what you observed: _____

Owner & Location of alleged violation: Name: _____

Address: _____

Date: _____ **Signature of Complainant** _____

Algonquin Township, 3702 U.S. Hwy. 14, Crystal Lake, IL. 60014
(847) 639-2700 X7

Date Complaint Received: _____ **(for office use only)**

Revised 2010