

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 x 7

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