



SMOKING VIOLATION COMPLAINT

Office of the City Attorney
44 West Washington Street
Shelbyville, Indiana 46176
Tel: 317-398-6624 Fax: 317-392-5143

<i>Office Use Only</i>	
Rec'd: _____	Resp. _____

This form is to be used to report a violation of Chapter 99 of the Shelbyville City Code of Ordinances which regulates smoking in public places and places of employment. Completed forms should be filed with the Office of the City Attorney at the address listed above.

COMPLAINANT INFORMATION:

Name: _____

Address: _____

Telephone: _____

E-mail address: _____

INFORMATION REGARDING ALLEGED OFFENSE:

Location: _____

Date of violation: _____ Time of violation: _____

Person(s) responsible for violation: _____

Description of violation: _____

I hereby give the City permission to contact me regarding the investigation of the offense herein alleged.

I furthermore hereby affirm that all of the information provided herein is, to the best of my knowledge, correct and accurate.

Signed: _____ Date: _____