

**SHENANDOAH POLICE DEPARTMENT  
CITIZEN VIOLATION REPORT FORM**

**Re:** \_\_\_\_\_  
Address of Violation

**Owner Name:** \_\_\_\_\_  
(if known)

**Legal Description:** \_\_\_\_\_ **Section** \_\_\_\_\_ **Block** \_\_\_\_\_ **Lot** \_\_\_\_\_

**Business Name:** \_\_\_\_\_ **Contact Phone #** \_\_\_\_\_

**Sign:** \_\_\_\_\_ **Phone # on Sign** \_\_\_\_\_

**REPORTEE NAME:** \_\_\_\_\_ **ADDRESS:** \_\_\_\_\_

**Daytime Phone #** (      ) \_\_\_\_\_ **Alternate Phone #** (      ) \_\_\_\_\_

**Date of Violation:** \_\_\_\_\_ **Time:** \_\_\_\_\_ **AM or PM**

**Description of the Violation / Complaint:**

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**Received by:** \_\_\_\_\_

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