## CITY OF OAK RIDGE NORTH CITIZEN VIOLATION REPORT FORM

Re:	Owner Name:		
Address of Violation	(if k	nown)	
Legal Description:	_ Section Block	Lot	
Business Name:	_ Contact Phone #		
Sign:	Phone # on Sign		
REPORTEE NAME:	_ ADDRESS:		
Daytime Phone # ( )	Alternate Phone # (		
Email Address:			
Date of Violation:	Time:	AM or l	РM
Codes of Ordinance Reference Number:_			
Description of the Violation / Complaint:			

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

Received by: