



"City of the Cedars"

CITY OF LEBANON

# COMPLAINT FORM

## CONTACT INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Address of concern: \_\_\_\_\_  
\_\_\_\_\_

**OFFICIAL USE ONLY:**

- CODE ENFORCEMENT
- STREETS
- CLERK
- WATER
- MAYOR
- POLICE

Description of Issue:

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Signature of Complainant: \_\_\_\_\_ Date of Submission: \_\_\_\_\_

**FOR OFFICIAL USE ONLY:**

Complaint Accepted By: \_\_\_\_\_ Date: \_\_\_\_\_