



CITY OF NORBORNE COMPLAINT FORM

Complete the entire form and submit to;
Officer Christopher Looney
109 E. 2nd ST Norborne, MO 64668
Phone- 660-593-3514 **Email-**clooney@cityofnorborne.org

Complaint Made By: _____ Date: _____

Address: _____ Telephone: _____

Are you willing to testify? (Circle one) Yes No

Signature of Complainant: _____

Owner of Property: _____

Location of Complaint: _____

Nature of Complaint: _____

(To be completed by the City of Norborne)

Date Received: _____ Date Inspected: _____

Inspected by: _____

This is in violation of City Ordinance(s) No.: _____

Description of violation: _____

Action Taken: _____