TOWN OF DOVER

4110 South Beaumont Avenue Kansasville, WI 53139
Phone (262) 878-2200 Fax-Office 262-878-2595
Web Site: www.townofdoverwi.com

TOWN OF DOVER COMPLAINT FORM

Date complaint filed: _____

Address or Parcel # where this violation exists: _____

Specifically describe situation/conditions that violate Dover's ordinance(s):

_____

_____

_____

Ordinance # of Violation (if known) _____

That states/regarding_____

Have you spoken with the owner of the property regarding this issue?
Briefly explain what happened/concern: _____

_____

_____

If you have not addressed this issue with the owner, explain why you have not:

_____

I swear that the above statement is a truthful representation of conditions at the above address to the best of my knowledge. I acknowledge that this form is a matter of public record and is subject to the open records law.

Complaint(s) Name: _____

Your Address: _____

Your Phone: _____ Your Email: _____

Referred to: ___Building Inspector ___ Roads Dept ___Sheriffs Dept ____Health Dept ___Other

Date Town Chair Notified _____ Date Resolved _____