

Franklin County Code Enforcement Witness Report Form

Instructions: Complete both pages of this form; please print legibly or type. Form must be signed and notarized.

****Failure to complete the required sections may result in the report not being accepted****

Section A: Complainant Information

Complainant Name	
Mailing Address	
City, State, Zip +4	
Telephone	Email

Section B: Alleged Violator Information

Alleged Violator Name	
Mailing Address **REQUIRED**	
City, State, Zip +4	
Telephone	

Section C: Alleged Violator Property Location and Description

Township	Range	Section
North		
Tax/Parcel ID Number (16 Digits) **REQUIRED**		
Site Address **REQUIRED**		
Zoning District	Political Township	Total Acres
Subdivision Name		Lot #

Section D: Description of the Violation

Allegation of violations must be specific. Indicate month (if known) and the year that the problem began. You may attach additional pages and photos, if necessary.

Section E: Additional Information

Please check the option that is applicable:

- A.) The alleged violation may be seen **entirely** from a public road right-of-way.
- B.) The alleged violation may be seen **partially** from a public road right-of-way and **partially** from my property.
- C.) The alleged violation may **not** be seen from a public road right-of-way and may **only** be seen from my property.
- D.) The alleged violation is not one which may be seen through a visual inspection.

If B.) or C.) applies, I understand that without my consent to access my property to view the portion of the violation that cannot be seen from a public road right-of-way, that portion of the violation may not be addressed.

By checking this box, I grant permission to the Code Enforcement Officer to access my property only for and during inspections of the alleged violator's property.

I understand that if my signature is not notarized, this form will be rendered invalid and no action will be taken. I hereby affirm that the information contained hereon is true to the best of my knowledge. By signing this complaint, I agree to act as a witness for the prosecution, should enforcement lead to court proceedings.

Signature of Witness X	Date
Printed Name of Witness	

STATE OF MISSOURI
County of _____

On _____, 20_____, before me personally appeared _____ to me known to be the person described in and who executed the foregoing instrument, and acknowledged that _____ executed the same as _____ free act and deed.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my official seal in the County and State aforesaid, the day and year last above written.

Notary Public