## 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.

Section A: Complainant Information					
Complainant Name					
Mailing Address					
City, State, Zip +4					
Telephone	Email				
Section B: Alleged Violator Information					
Alleged Violator Name					
Mailing Address					
City, State, Zip +4					
Telephone					
Section C: Alleged Violator Property Location and Description					
Township North	Range	Section			
Tax/Parcel ID Number (16 Digits)					
Site Address ** <b>REQUIRED</b> **					
Zoning District	Political Township	Total Acres			
Subdivision Name		1	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: Directions to the Location of the Alleged Violation				
Please include a map, if available.				
Places about the option that is applied	Section F: Additional	Information		
Please check the option that is applical				
A.) The alleged violation may be se	en <i>entirely</i> from a public	road right-of-way.		
B.) The alleged violation may be seen <i>partially</i> from a public road right-of-way and <i>partially</i> from my property.				
C.) The alleged violation may <i>not</i> be seen from a public road right-of-way and may <i>only</i> 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			Date	
x				
STATE OF MISSOURI ן				
County of } ss	On	, 20, ł	before me personally appeared	
			to me known to be the person	
			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 a	and State aforesaid, the c	lay and year last above written.	

**Notary Public**