



# CITY OF MIDDLETON

P O Box 487, MIDDLETON, ID 83644  
208-585-3133, 208-585-9601 FAX  
WWW.MIDDLETONIDAHO.US

ADMINISTRATION

## COMPLAINT FORM

REV 8/17

### Complaint Information:

Address/Area of Complaint:

Property Owner (if known):

Name of Resident (if known/applicable):

Please describe your complaint:

Please indicate the approximate date(s) the violation(s) occurred:

### Complainant Information:

Please provide us with your contact information in case there are any questions regarding your complaint.

|           |              |        |     |
|-----------|--------------|--------|-----|
| Name      | Phone Number | E-mail |     |
| Address   | City         | State  | Zip |
| Signature | Date         |        |     |