



CITY OF ALVA
415 4th Street
Alva, Oklahoma 73717
(580) 327-1340
Fax: (580) 327-4965
www.alvaok.org

COMPLAINT FORM

Name of person making complaint _____

Street Address _____

City, State, Zip Code _____

Home Phone _____ Work Phone _____ Cell _____

COMPLAINT AGAINST

Name of Individual _____

Address _____

City, State, Zip Code _____

Telephone Number _____

LOCATION OF VIOLATION

Address _____

City, State, Zip Code _____

Telephone Number _____

PLEASE CHECK NATURE OF COMPLAINT

Junk / Trash on Property Tall Grass / Weeds Untagged / Inoperable Vehicle
Dilapidated Structure Other explain _____

Date & Time of Complaint _____