WEED COMPLAINT FORM
CITY OF OWATONNA WEED ORDINANCE SECTION 1065

Date of Complaint: _____

Complainant's Information:
Name: _____
Address: _____
_____
Phone: _____

Violation Information:
Name: _____
Address: _____
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Phone: _____

Explanation of violation: _____
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Complainant's Signature: _____