



Business Complaint Form

147 North 870 West
Hurricane, UT 84737
Office: 435-635-2811
Fax: 435-635-2184

Date: _____

Reporting Party (Information will be kept confidential for use of Code Enforcement Officer or City Prosecutor)

Name: _____

Address: _____

Telephone Number: _____

Company Name:

Company Address: _____

Date of Incident: _____

Complaint (be specific): _____

Please attached any supporting documents i.e. pictures, receipts, etc

Office Use Only

Notes: _____
