

# PORT ROYAL POLICE DEPARTMENT

## CODES VIOLATION COMPLAINT FORM

Date of Violation: \_\_\_\_\_ Date of Complaint: \_\_\_\_\_

Location of Violation: \_\_\_\_\_

Name of Resident / Violator (*If known*): \_\_\_\_\_

Description of Violation:

### Complainant Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

#### **For Internal Use Only**

Case #: \_\_\_\_\_ Date of Action: \_\_\_\_\_ Action Taken:  Citation Issued

Reporting Officer: \_\_\_\_\_  Warning Issued

**To submit this form electronically, save the completed form and email to [prpd@portroyal.org](mailto:prpd@portroyal.org) or you may fax it to 843-986-2222.**