DAYTON POLICE DEPARTMENT
ATV/DIRT BIKE ORDINANCE VIOLATION
COMPLAINT FORM

Date of Violation_____ Time of Violation_____

Location of Violation_____

Complainant
Full Name_____

Date of Birth _____Phone_____

Address_____

Name of person in violation of ordinance
(if known)_____

Address_____ Phone_____

Please describe violation of ordinance listing, in detail, how person is in violation of City Ordinance

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By signing this form, you are acknowledging that this is a formal complaint and you are aware that you may be asked to testify in regards to this matter.
Signature of Complainant _____Date_____

Complaint Rec'd by _____Date_____Time_____