
Farr West City Ordinance Complaint Form

THIS COMPLAINT SHALL BE COMPLETED BY THE COMPLAINANT

Please print or type clearly

Fill out and submit form in person to:

Farr West City
1896 North 1800 West
Farr West City, UT 84404
Phone: 801-731-4187



*Name of Complainant: _____

*Date: _____

*Phone Number: _____

*Email: _____

*Address: _____

[Municipal Code](#)

*Address of Occurrence: _____

*Date/Time of Occurrence: _____

* Ordinance Violated

*Describe below the scope of the alleged ordinance violation:

*I have shared my concern with the alleged violator: Yes / No

*Complainant Signature: _____

* REQUIRED

FOR OFFICIAL USE ONLY

Farr West City hereby acknowledges the receipt of this complaint this _____ day of _____, _____

City Representative: _____