



VILLAGE OF WILLIAMS BAY

Harbor Commission Complaint Form

Date: _____

File #: _____

Complainant: _____

Address: _____

Complaint Against

Name: _____ Pier #: _____

Address: _____

Ordinance Violation

Description of Violation & Exact Location

Signature of Complainant: _____

Received Date & Time: _____ Received By: _____

Answered Date & Time:_____ Answered By:_____

Did This Complaint Go to the Harbor Commission? Yes or No