

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 or you may fax it to 843-986-2222.