

BAYOU VISTA POLICE DEPARTMENT



ORDINANCE VIOLATION FORM

Code Enforcement

409-935-0449 or email codeofficer@bayouvista.us

Date of Complaint: _____

Address where violation is occurring: _____

Type of Violation(s): _____

Comments: _____

Contact information of person making complaint (*Optional*):

Name: _____

Phone Number: _____ **Address:** _____

For Officer use ONLY

Complaint received: By Phone By Email In Person