

**COVINGTON POLICE DEPARTMENT
MUNICIPAL VIOLATION
COMPLAINT FORM**

DATE: _____

NAME OF COMPLAINANT: _____

DATE OF BIRTH: _____

DRIVER'S LICENSE OR STATE ID NUMBER: _____

ADDRESS: _____

CELL PHONE NUMBER: _____

DATE AND TIME OF INCIDENT: _____

STATEMENT OF FACTS LEADING TO COMPLAINT BEING FILED:

(IF THE COMPLAINT IS REGARDING DOG(S) RUNNING AT LARGE, PLEASE DESCRIBE DOG(S) AND PROVIDE OWNERS NAME AND ADDRESS, IF KNOWN)

DOES COMPLAINANT WISH TO SIGN A COMPLAINT? _____ **YES** _____ **NO**

NOTE: IF THE COMPLAINANT WISHES TO SIGN A COMPLAINT, THIS INFORMATION WILL BE USED TO GENERATE A POLICE REPORT AND SUMMONS. THE SUMMONS MUST BE SIGNED IN THE PRESENCE OF A PUBLIC OFFICIAL, i.e. POLICE CHIEF OR TOWN CLERK. ONCE THE SUMMONS IS COMPLETED AND READY TO BE SIGNED, A TEXT MESSAGE OR PHONE CALL WILL BE MADE TO THE COMPLAINANT IN ORDER TO MAKE ARRANGEMENTS FOR THEM TO SIGN THE SUMMONS. ONCE THE SUMMONS IS SIGNED IT WILL BE SENT TO THE MUNICIPAL JUDGE WHO WILL REVIEW THE COMPLAINT AND SIGN THE SUMMONS FOR SERVICE. ONCE THE SUMMONS IS RETURNED TO THE COVINGTON POLICE DEPARTMENT, IT WILL BE SERVED AT THE EARLIEST CONVENIENCE.