DOUGLAS COUNTY FORESTRY DEPARTMENT

VIOLATION REPORTING FORM

To report violation of any County, State or Federal Law on the County Forest

OBSERVER INFORMATION:
Although we encourage you to supply us with your name and contact information, you are not required to. If supplied, we will keep your report confidential upon you request.

Report Completed By:

Contact Information:

May we contact you for more information?
☐ Yes  ☐ No

Do you want your identity to remain confidential?
☐ Yes  ☐ No

Did you personally observe the violation?
☐ Yes  ☐ No

VIOLATION INFORMATION:

Describe the violation (be as specific and detailed as possible):

Vehicle(s) involved:

Make/Model  Year  Color  State  License Plate/Registration Number

When did the violation occur (date, time, etc.):

Location where the violation occurred (nearest road, legal description, etc. please be as specific as possible):

Number of violators:

Violator name(s) (if known):

Violator description(s) (height, hair color, age, sex, clothing, etc.):

Violator comments (if you spoke to the violator what did he/she/they say):

– Please attach second page if necessary –

Please return completed form to: Douglas County Forestry Department, PO Box 211, Solon Springs, WI 54873
Please include any photos, maps, or any other supplemental information
Please use this page to expand on any of the page 1 sections or to provide any other information you think may assist with the investigation.

Additional comments:

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