



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:

First & Last Name

Date Report Completed

Contact Information:

Phone Number

Email Address

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

