



PROPERTY VIOLATION INFORMATION FORM

Date: _____

NAME: _____
Last First Middle Initial

MAILING ADDRESS: _____
Street City/State Zip Code

CITED PROPERTY ADDRESS: _____
Street City/State Zip Code

HOME PHONE #: _____ WORK #: _____ Cell Phone # _____

VIOLATION #s in DISPUTE: _____

You must submit a signed statement of facts specifying the grounds for challenging the above violation(s) and photocopies of any relevant documentary evidence in support of your position.

I contest the above property code violation(s) for the following reason(s):

Signature: _____ Date: _____

If additional space is needed, the reverse side of this form may be used or additional pages may be attached.

Please return this form and any additional documentation to:

**City of Springfield
Office of City Treasurer
Municipal Center West
300 South Seventh Street, Room 104
Springfield, Illinois 62701**

If you have questions, call 789-2224 ext 33. Thank you.