

FREMONT COUNTY  
DEPARTMENT OF PLANNING AND ZONING

615 MACON AVENUE, ROOM 210

CAÑON CITY, COLORADO 81212

Telephone (719)276-7360 / Facsimile (719) 276-7374 / Email [planning@fremontco.com](mailto:planning@fremontco.com)

## MEDICAL MARIJUANA COMPLAINT FORM

### COMPLAINANT INFORMATION

Date	Time	Case Number (Office Use Only)
Complainant Name		
Address		
Home Phone	Work Phone	Cell Phone
Email		

### TYPE OF VIOLATION OR CONCERN REPORT

Violation/Concern Address
Business Owner (If Known)
Phone Number of Business Owner (If Known)
Property Owner (If Known)
Property Owner Address (If Known)
Phone Number of Property Owner (If Known)
Violations/Concerns – Please explain in detail

Is the problem visible from a public street/road? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, does the Department have permission to enter onto your property and/or private easement to investigate the complaint/concern? Yes \_\_\_\_\_ No \_\_\_\_\_

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Signed

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Date