



ATV/UTV COMPLAINT'S
TOWN OF SUTTON
167 UNDERPASS ROAD
SUTTON, VT 05867

Phone: 802-467-3377 Fax: 802-467-1052
e-mail: townclerksutton@gmail.com

Date of Complaint: _____ Time: _____

Received by: _____

Complainant(s):

Name: _____ Cell # _____

Address: _____ Home # _____

City, State, Zip: _____ e-mail: _____

(Please use reverse side for more Complainant(s))

Witnesses:

1. Name: _____ Cell _____

Address: _____ Home # _____

City, State, Zip: _____ e-mail: _____

(Please use reverse side for more witnesses)

Attachments: Photo's; Video's; Damage; Physical Evidence (please circle)

Complaint: Describe Incident (include damages)

(Please use reverse side for additional information)

Complaint Referred to: (Name) _____ (Date Referred) _____

ATV Committee Select Board Law Enforcement VASA

Person(s) Involve:

Name: _____ Telephone # _____

Address: _____

City, State, Zip: _____

(Please use reverse side for additional name(s))

Action Taken: _____

(Please use reverse side for additional action taken)

Verbal Warning Written Warning Ticket Issued Other (Explain) below:
