



Municipal/County Gun Ordinance and Sign Complaint Form

Complainant's Name: _____

Address: _____

Phone: _____

Email: _____

Name of Municipality/County: _____

Is your complaint about a **sign** on county or municipal property? _____ Yes _____ No

If yes, please give the date, address, location, and name of the building or property where you saw the sign. If you have a picture, please attach it to this complaint.

Is your complaint about a city or county ordinance? _____ Yes _____ No

If yes, please provide as much information as you have concerning the ordinance. If you have a copy of the ordinance or a news article about it, please attach a copy or link to it with this complaint.

Names, addresses, and contact information for any witnesses:

Do you believe your rights as a concealed-carry license holder have been violated? If so, provide a copy of any license(s) to carry a concealed weapon (front and back please) with this complaint.

I certify that the above and foregoing is true and accurate to the best of my knowledge.

Signature: _____

Date: _____