

1201 NEO Loop Grove, Oklahoma 74344 (918) 786-6107 Fax (918) 786-8939 www.cityofgroveok.gov

VACATION RENTAL HOME COMPLAINT FORM

Name of complainant:				
Phone number:	E-mail	:		
Mailing Address:				
Vacation Rental Home Street address	City ::	State	•	
Name of owner/agent or local contac	t person:			
Phone number for owner/agent or lo	cal contact person	:		
Date of incident:		Time of incide	nt:	
Nature of complaint (check all that ap	oply) Occupan	cy Parking	_NoiseT	rash
Other:				
Describe in detail the incident that oc	ccurred:			

Include the following:

- 1. Photographs (if applicable) of violation with date and time stamped; and
- 2. A report by a Grove Police Officer. (If a Grove Police Officer does not witness the violations, a written statement from the complainant must be filed with the Grove Police Department).

SIGNATURE PAGE

COMPLAINTANT

Signature of Complainant:	Date:
WITNESSES	
Name of Witness – Please print	Witness Signature
Witness Phone Number:	Date:
Name of Witness – Please print	Witness Signature
Witness Phone Number:	Date: