



Phone: 262-677-4048  
Fax: 262-677-4163  
Email: [clerk@town-jackson.com](mailto:clerk@town-jackson.com)

Washington County  
3146 Division Road  
Jackson, WI 53037

## 2017 NOXIOUS AND NUISANCE WEEDS COMPLAINT

Date: \_\_\_\_\_

Name (of person completing this form): \_\_\_\_\_

Address: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_

### Location of Noxious and/or Nuisance Weeds:

Property Owner: \_\_\_\_\_

Address: \_\_\_\_\_

Tax Key: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_

### Additional Comments or Information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Complaint form received by: \_\_\_\_\_

Date complaint form received: \_\_\_\_\_

Date forwarded to Weed Commissioner, Supervisor \_\_\_\_\_ : \_\_\_\_\_  
Name Date