



MUNICIPAL ELECTION COMPLAINT FORM

This form and all information it contains is public subject to the Colorado Open Records Act. All fields of the form are required and must be completed to be processed.

Complainant Information:

Name: _____

Is the person making the complaint a resident within the Town limits of Frisco, Colorado?

YES NO

Email Address:

Phone Number:

Mailing Address:

Respondent Information:

Name: _____

Is the Respondent a resident within the Town limits of Frisco, Colorado?

YES NO

Email Address:

Phone Number:

Mailing Address:

Identify what section(s) of Colorado or Municipal Laws/Codes/Regulations have been violated, and date(s) and time(s) of violation(s). Attached a typed or handwritten sheet if necessary.

Complaint: Assert the facts in support of the above listed violation(s).

Oath & Affirmation: I declare under penalty of perjury under the law of Colorado that the information I provided in this complaint is, to the best of my knowledge, true and correct.

Complainant Signature: _____

Licensed Attorney of Complainant - Information:

Name: _____

Name of Firm:

Business Address: _____

Phone Number: _____

Email Address: _____

Is the Licensed Attorney registered in the State of Colorado?

YES NO If yes, Registration Number:

Front Desk Office Use:

Notes:

Town Clerk Office Use:

Date Received: **Initials:**

Notes:
