



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:

Date Received: _____ Initials: _____

Notes: _____

Town Clerk Office Use:

Date Received: _____ Initials: _____

Notes: _____

