

STATE OF WYOMING      )  
                                      )  
COUNTY OF LINCOLN    )

**TOWN OF ALPINE DANGEROUS NUISANCE COMPLAINT AFFIDAVIT**

**I.      Instructions**

1. Please answer all questions as specifically as possible.
2. This is your affidavit, and the answers are considered sworn statements.
3. Incomplete complaints will not be considered.
4. If a question does not correspond with your situation write “n/a”.
5. If you do not know the answer to a question, you can state, “I do not know”.
6. You can use extra sheets if necessary.
7. If there is any video, audio, photographic, or other documentary evidence, it must be submitted to the Town of Alpine on a DVD or USB flash drive and capable of playing on an Apple MacIntosh media player. This complaint cannot be evaluated until any documentary evidence available is provided to the Town of Alpine.

---

**II.     Complainant/Victim Information**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_ Male \_\_\_\_ Female

Address: \_\_\_\_\_  
  (Street)                                    (City)                                    (State)                                    (Zip)

Phone Number: (W) \_\_\_\_\_ (H) \_\_\_\_\_ (C) \_\_\_\_\_

Email: \_\_\_\_\_ Parent/Guardian Name (if victim under 18) \_\_\_\_\_

**III.    Description of Nuisance**

---

---

---

---

---

---

---

---

---

---

**IV. Incident Information**

1. Date(s) of Incident/Observation of Nuisance: \_\_\_\_\_ Time(s) of Incident/Observation of Nuisance: \_\_\_\_\_

2. Where is the nuisance/violation located? (Be specific)

---

---

---

---

3. Who is responsible for the nuisance/violation?

---

4. How long has the nuisance/violation been occurring?

---

**V. Person/Persons In Control of the Property where nuisance/violation is located**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Phone: (W) \_\_\_\_\_ Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_

How did you identify the person/persons in control?:

---

---

---

---

---

Describe any conversation between you and the owner(s) or a family member, witness, friend, etc., of the owner(s) regarding the incident: \_\_\_\_\_

---

---

---

---

---

---

Have you and the owner(s) been involved in any other dispute or incidents? (Describe and include police report numbers if applicable): \_\_\_\_\_

---

---

---

**VI. Witness Information**

Provide the following information for any witnesses who may testify about this incident:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Phone: (W) \_\_\_\_\_ Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_

How was this witness involved? \_\_\_\_\_

---

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Phone: (W) \_\_\_\_\_ Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_

How was this witness involved? \_\_\_\_\_

---

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Phone: (W) \_\_\_\_\_ Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_

How was this witness involved? \_\_\_\_\_  
\_\_\_\_\_

**VII. Describe any other information or details that may assist with the investigation or add any necessary information from one of the previous questions (indicate which question) (use additional pages if necessary):**

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

**VIII. Signature**

**WARNING NOTICE: YOUR STATEMENT MAY BE USED AGAINST YOU AS EVIDENCE. YOU MAY BE CHARGED WITH AN OFFENSE, OR YOU MAY BE SUED FOR MALICIOUS PROSECUTION OR OTHER CAUSE OF ACTION IF ANY OF THE FOLLOWING CONDITIONS APPLY:**

- (1) YOUR SWORN STATEMENT CONTAINS A FALSE REPORT;
- (2) YOUR SWORN STATEMENT CONSTITUTES A RETALIATION FOR REPORTS MADE AGAINST YOU; OR
- (3) IF YOUR SWORN STATEMENT INCLUDES AN ADMISSION OF A CRIMINAL OFFENSE COMMITTED BY YOU:

I understand that my complaint will be evaluated and that a nuisance or code violation determination must be supported by sufficient evidence as required by law. If the matter is contested, the Town, with your testimony has the burden to prove that the nuisance or violation of code has occurred according to a preponderance of the evidence. If this burden cannot be met, the Court, and/or the Town of Alpine will not be able to remedy the situation.

Also, I understand that if this complaint is accepted, the owner/respondent has the right to contest this matter and that I may be required to testify in a Municipal Court or County Court hearing on VERY short notice. Furthermore, I understand that there are multiple options for the Owner(s) to appeal a nuisance/code violation determination, and that I may be called to testify more than once. By signing below, I agree that I will be available to testify more than once if needed. I understand that if I do not respond to a request to appear in court or if I fail to appear, the case may not be able to proceed and a dismissal may be requested.

I swear, under the penalty of perjury, that the above information is true and correct to the best of my belief and knowledge.

\_\_\_\_\_  
(Complainant/Victim) (Date)

\_\_\_\_\_  
(Parent or Guardian, if victim under 18) (Date)

SUBSCRIBED AND SWORN TO BEFORE ME by the said \_\_\_\_\_

On this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

My Commission Expires: \_\_\_\_\_ Notary Public in and for the State of Wyoming