

## 2018 Violation Incident Report (VIR)

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

Time: \_\_\_\_\_

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

Name of Gardener (first/last): \_\_\_\_\_ Plot#: \_\_\_\_\_

Description of Violation: (Brief description)

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Reference: Current Community Gardens Program Rules & Regulations

Page (s): \_\_\_\_\_ Section (s): \_\_\_\_\_ Paragraph (s): \_\_\_\_\_ Line (s): \_\_\_\_\_

Witnesses (if applicable):

Name (first/last): \_\_\_\_\_ Plot #: \_\_\_\_\_

Name (first/last): \_\_\_\_\_ Plot #: \_\_\_\_\_

Plan of Action (if applicable):

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Expected Date of Correction (if applicable):

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Action Taken:

First Warning:  Second/Final Warning:

VIR:  mailed  emailed  handed to gardener

City Staff / Garden Management Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\* The white copy of this form must be submitted to the Program Coordinator.**