2019 Violation Incident Report (VIR)

Date: ___________________  Time: ___________________

Name of Community Garden: ____________________________________

Name of Gardener (first/last): ________________________________  Plot#: __________________

Description of Violation:

_____________________________________________________________________________

_____________________________________________________________________________

Reference: Community Gardens Program Rules & Regulations / Gardener Agreement
Page (s): __________  Section (s): __________  Paragraph (s): __________  Line (s): __________
Page (s): __________  Section (s): __________  Paragraph (s): __________  Line (s): __________

Plan of Action (if applicable):

_____________________________________________________________________________

_____________________________________________________________________________

Expected Date of Correction (if applicable): ______________________________

VIR Represents (check box):  □ First Warning  □ Second/Final Warning

Copy of VIR Given to Gardener by (check box):  □ Mail  □ E-mail  □ In Person

City Staff / Garden Management Signature: _____________________________  Date: __________

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