

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.