

Parks, Recreation and Neighborhood Services Community Gardens Program

2018 Violation Incident Report (VIR)

Date:			Time:	
Garden Name:				
Name of Gardener (first/la		Plot#:		
Description of Violation:	(Brief description)			
Reference: Current Communit	y Gardens Progr	am Rules & Regulation	ıs	
Page (s): Section	(s):	Paragraph (s):	Line (s):	
Witnesses (if applicable):				
Name (first/last):			Plot #:	
Name (first/last):			Plot #:	
Plan of Action (if applicat	ole):			
Expected Date of Correct	ion (if applica	ble):		
Action Taken:		_		
First Warning: Second/Final Warning:				
VIR: mailed emaile	d handed to	gardener		
City Staff / Garden Managem	ent Signature: _		Dat	e:
* The white copy of this form must be submitted to the Program Coordinator.				

200 East Santa Clara Street, 9th Floor Tower, San José, CA 95113 tel (408) 793-4165 fax (408) 292-6416 www.sjcommunitygardens.org