COMPLAINT FORM

☐ Weedy Lots ☐ Health Hazard ☐ Fire Hazard ☐ Trash ☐ Junk Vehicle
☐ Building Construction ☐ Other

Description of Complaint: _____

_____

_____

Complainant: _____ Phone: _____

Address: _____ Via: ☐ Phone ☐ In Person ☐ Mail

Owner/Occupancy: _____ Phone: _____

Address: _____

Addition: _____ Block: _____ Lot(s): _____

Property Address: _____

Complaint Received By: _____ Date: _____ Time: _____

Referred To: _____ Date: _____

Comments: _____

_____

_____

_____

Property Owner or Representative Contacted Regarding Final Disposition By:
☐ Telephone ☐ Personal Contact ☐ Letter

_____ _____
Signature of Inspector Date