COMPLAINT OF VIOLATION

Date: _____

Form of Complaint: ☐ Phone ☐ Letter (attach)
Complainant: _____
Address: _____
Phone: _____
Site Location: _____
Property Owner: _____
Nature of Complaint: _____

ACTION BY ENFORCEMENT OFFICER:

Site Inspection completed on (date) at (time) [AM/PM]
Report of Findings:

_____
_____
_____
_____

Recommended Action:

_____
_____
_____
_____
_____
_____

_____
Code Enforcement Officer

(For Office Use Only)
Tax Parcel Number:_____
Referral To:_____