COMPLAINT FORM

Date of Complaint: ________________  Date Received by P&Z Office: ________________

PERSON MAKING COMPLAINT (COMPLAINANT):

Name: __________________________________________

Address: ____________________________  Block: _____  Lot(s): _____

Telephone: ____________________________  Cell Phone: ________________

Signature: ______________________________

ADDRESS OF PROPERTY WITH PROBLEM:

Address: ____________________________  Block: _____  Lot(s): _____

COMPLAINANT HAS SEEN OR SUSPECTS THAT:

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

Taking Complaint: ________________  Via: Mail _____  In Person: _____  Phone: __________

Copy Forwarded To: Zoning Officer / Building Department / Code Enforcement

OFFICE USE ONLY

FINDINGS:

Field Inspection Date: ____________________________

Inspected By: ____________________________

File & Field Findings:

_________________________________________________________________________

_________________________________________________________________________

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