Complaint Form

_____ Office/Walk In

_____ Phone In

Date: _____

Address of Property : _____

Name of Property Owner (if known): _____

☐ Residential ☐ Commercial

Name & Address of Complainant: _____

Contact Information (phone and/or email) _____

☐ I would like to remain anonymous

Complaint

☐ Property Maintenance ☐ Working without Permit ☐ Other

Complaint: _____

_____

_____

_____

_____

Official Use Only

Comments: _____

_____

_____

_____

_____

☐ Founded ☐ Unfounded

☐ Letter Sent Date: _____

☐ Resolved & Filed Off

_____ _____

Date: Inspector