

# Illegal Occupancy

\_\_\_\_\_ Office/Walk In  
\_\_\_\_\_ Phone In

Date: \_\_\_\_\_

Address of Suspected Illegal Occupancy : \_\_\_\_\_

Name of Property Owner (if known): \_\_\_\_\_

Name & Address of Complainant: \_\_\_\_\_

Contact Information (phone and/or email) \_\_\_\_\_

I would like to remain anonymous

## Observations

Location:        Basement        First Floor        Second Floor

Entrances:       Basement        First Floor        Side                Rear

Excessive:        Occupancy        Vehicles        Mailboxes        Doorbells

   Garbage

   Other

Complaint: \_\_\_\_\_

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**Official Use Only**

Comments: \_\_\_\_\_

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   Founded

   Unfounded

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Housing Inspector