

FOR OFFICE USE ONLY

File #: _____

Received by: _____

Date Processed by: _____

Tax #: T: _____ R: _____ S: _____ TL: _____

Zone: _____

COMPLAINANT INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: () _____

Can violation be seen from the road? () YES () NO If not, what is the best inspection point? _____

Is the complainant a neighbor? () YES () NO

The complainant gives the Code Enforcement Officer permission to use their property for viewing violation: () YES () NO

() Do not release my name to anyone.

Date: _____ Signature: _____