

CODE COMPLIANCE COMPLAINT FORM

Please sign and return form to: Code Compliance

Date Received: _____

Received By: _____

A SIGNED COMPLAINT FORM IS NECESSARY BEFORE CODE COMPLIANCE STAFF CAN INVESTIGATE, UNLESS A LIFE-THREATENING ISSUE EXISTS OR IT IS OTHERWISE DEEMED APPROPRIATE TO ACT.

Address of Alleged Violation: _____

Property Owner Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Tenant's Name: _____ Phone: _____

VIOLATION

How long has the violation existed? _____ Description of Violation: _____

(continue on reverse side)

Complainant's Name: _____ Phone: _____

E-Mail Address: _____ Fax No: _____ Alt. Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Complainant certifies under penalty of perjury that the information set forth above is true and correct of Complainant's own knowledge.

Complainant's Signature

Date

