



CODE ENFORCEMENT COMPLAINT FORM

Complaint location: _____

Owners Name: _____

Tenants Name: _____

Owner Address: _____

Complaint: High Grass/Weeds Trash/Debris Non-Operating Vehicles
 Sidewalk Shoveling Animal Ord. Illegal Burning
 Other _____

Date of Occurrence: _____

Description: _____

Below information is not released

Name of Complainant: _____

Address: _____

Phone Number: _____

Date Filed: _____

Signature: _____

Below for office use only

Date Received: _____

Received By: _____

Assigned to: _____

Date Complaint Entered: _____