

Code Enforcement Complaint

Building

Zoning

Stormwater

COMPLAINT:

Violation Information

Parcel # : _____ - _____ - _____ - _____

Violation Address: _____

Owner Name: _____

Zoning District: _____

Complainant Information (Optional)

Name: _____

Phone: _____

Comments: _____

(Office Use Only)

Previous Complaint Numbers: _____

Received By: _____ Date: _____

Inspector: _____ Date: _____

Status:

NO VIOLATION _____

VIOLATION _____