



CODE COMPLAINT FORM

COMPLAINANT INFORMATION

The City may request your cooperation and assistance during the investigation of your complaint. You may be asked to serve as a witness at a hearing. Complaints that include complete contact information may be prioritized over incomplete complaints.

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

Email: _____

Today's Date: _____ Date of Violation: _____ Time Observed: _____

Address of property/issue in question: _____
Please be exact. If there is no address, please provide a specific location description.

Owner/Occupant Name: _____

Phone Numbers: _____

Is this a residential property? _____ Single Family _____ Duplex _____ Multifamily _____ Other _____

Does the Owner Live at the Residence: Y / N (circle one)

Is this commercial property? _____ Retail Sales _____ Offices _____ Restaurant _____ Other _____

Is this unimproved land? Y / N (circle one)

Can the violation be observed from the Public Right of Way? Y / N (circle one)

Will you provide access to your property in order for the code enforcement officer/inspector to observe the violation(s)? Y / N (circle one)

Are there loose pets at this site? Y / N / Unsure (circle one)

Please outline your complaint here: _____

*Additional narrative may be written on the back of this page. **(CONTINUED ON REVERSE SIDE)**

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Additional Narrative:

_____ Initials

Please be aware that your complaint is subject to disclosure under the Public Records Act and anonymity is not guaranteed.

Complainant Signature: _____ Date: _____

Printed Name: _____