



CODES ENFORCEMENT COMPLAINT FORM

DATE OF COMPLAINT _____

NAME OF PERSON MAKING COMPLAINT _____

ADDRESS _____

PHONE NUMBER _____

ADDRESS OF COMPLAINT _____

OWNER OF ADDRESS (if known) _____

REASON FOR COMPLAINT _____

ACTION TAKEN _____

CODE'S OFFICER _____ DATE ACTION TAKEN _____

FURTHER ACTION IF NEEDED _____

CODE'S OFFICER _____ DATE ACTION TAKEN _____