CODE ENFORCEMENT COMPLAINT FORM

NOTES:

1. Any citizen can make a complaint whenever they observe conditions, uses of property, or structures that they suspect are improper. Knowledge of ordinances is not required, since the enforcement staff makes this evaluation. Misdirected complaints will be forwarded to the appropriate department or agency.

2. Failure to complete this form will result in no action. Telephone complaints and/or anonymous complaints will not be accepted or acted on.

THIS SECTION MUST BE COMPLETE FOR ACTION TO BE TAKEN ON THE MATTER

Your name: ________________________________________________________________

Your address: _____________________________________________________________

Your map/lot #: __________________________________________________________

Your phone #: ___________________________________________________________

If necessary, may we have permission to enter your property to view the subject violation?
☐ YES  ☐ NO

Signature: ___________________________ Date:________________________

(Please continue on Page 2)
THIS SECTION IS REGARDING THE COMPLAINT
BE CONCISE AND COMPLETE

Address of the assumed violation:____________________________________________________

If no address is available, provide a detailed description of location:_____________________
______________________________________________________________________________

Property owner (if known): _______________________________________________________

Occupants of property (if known): _________________________________________________
______________________________________________________________________________

Nature of complaint: _____________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

THIS SECTION FOR DEPARTMENT USE ONLY

Tax map info: _______ - _______ - _______ District: ________________________________
Lot size: _______________ Inspector: _____________________________________________

Assumed violation: ______________________________________________________________

Violation verified: ☐ YES ☐ NO

Inspector’s observations/actions: _________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Inspector’s signature: ___________________________ Date: ________________________