CODE ENFORCEMENT COMPLAINT REPORT

Date: ____________________  Time: ____________________  Complaint Received By: __________

Address of Complaint:____________________________________________________________

Occupant:______________________________________________________________

Owner and Owners Address:_______________________________________________________

What’s the general type of complaint?

Tall Grass/Weeds  Debris  Sight Triangle Obstruction  Inoperable Vehicle(s)
Dangerous Building  Signs in The R/W  Other: __________________________________________

How was the complaint given?

Phone  Mail  In Person  Email  Other: _____________________________________________

Specific Description of Complaint: ________________________________________________

______________________________________________________________________________

REPORTER INFORMATION

Name of Reporter: ___________________________________________  Phone Number: __________

Address: __________________________________________________________

Relationship of Reporter to Complaint Property: ______________________________________

______________________________________________________________________________

OFFICE USE ONLY

DATE  INITIAL

Entered into INCODE  __________  __________

Phone Call to Owner/ Occupant  __________  __________

Mailed Certified Letter to Owner/ Occupant  __________  __________

Green Card Received / Certified Letter Returned  __________  __________

Property Posted  __________  __________

Order to Mow Turned Over to Public Works  __________  __________

Violation Turn Over to Prosecutor  __________  __________

Other Notes: ________________________________________________________________