

Code Enforcement Complaint

**Shaded areas to be completed by staff.

Date Received: _____

Received by: _____

LOCATION

TYPE OF COMPLAINT

COMMENTS

PROPERTY INFORMATION

Strap No.: C- _____ - _____ - _____ - _____ - _____

Lot: _____ **Block:** _____ **Parcel No.:** _____

Subdivision: _____

Plat Book: _____ **Page:** _____ **Map No.:** _____

Owner: _____

Staff can assist you with parts of this form, but to facilitate this process, please include as much information as possible especially the address at which possible violation has occurred.