

Code Enforcement Complaint

YOUR NAME: _____ *

ADDRESS: _____

PHONE NUMBER: _____

LOCATION

TYPE OF COMPLAINT

COMMENTS

TO BE FILLED IN BY STAFF:

Date Received: _____

Received By: _____

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.

*We suggest that the individual who submits the complaint also provide their name, address, and phone number, but it is not mandatory.