

CODE ENFORCEMENT COMPLAINT FORM

Name: _____
First Last

Address: _____
Street City State Zip

Contact Information:

Telephone # Email

Do you wish to be contacted? Yes No Explain: _____

Address of possible violation(s): _____
Street

If unsure of the address please provide the street name, cross street or intersection:

Description of violations – Please include as much information as possible.

Select ALL of the applicable violations related to the Address/Location listed above.

- Excessive Overgrowth/Weeds
- Junk, Trash, or Debris
- Inoperable/ Abandoned Vehicle- Machinery
- Camp Trailer/RV
- Hazardous Pool
- Trailer/RV parked on public right of way
- Unsafe/ Unsecure Structure
- Other _____

Location of violation on property:

Additional Information: _____