

# Code Violation Complaint



## Department of Code Enforcement

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### PERSON FILING COMPLAINT

(optional)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

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### PROPERTY IN VIOLATION

Name (optional): \_\_\_\_\_

Property Address/Location: \_\_\_\_\_

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### NATURE OF COMPLAINT:

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### OFFICE USE ONLY

Block: \_\_\_\_\_ Lot: \_\_\_\_\_

### ACTION TAKEN

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\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
DATE RESOLVED

\_\_\_\_\_  
SIGNATURE