



**PLANNING DEPARTMENT**

**Code Enforcement Complaint Form**

**Date:** \_\_\_\_\_

**Complainant's Name:** \_\_\_\_\_

**Complainant's Address:** \_\_\_\_\_

**Complainant's Phone Number:** \_\_\_\_\_

**Complainant's Signature:** \_\_\_\_\_

**Address of Alleged Violation:** \_\_\_\_\_

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**Complaint:** \_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

**Complaint Taken By:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Complaint Referred To:** \_\_\_\_\_

**Corrective Action Taken:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_