



ZONING & BUILDING COMPLAINT FORM

DATE RECEIVED: _____

NAME OF COMPLAINANT: _____

ADDRESS: _____

TELEPHONE: _____

E-MAIL: _____

SUBJECT ADDRESS: _____

PROPERTY OWNER/TENANT: _____

TELEPHONE: _____

E-MAIL: _____

NATURE OF COMPLAINT: _____

FOR OFFICE USE ONLY

Action Taken: _____

Final Disposition: _____

DATE: _____

SIGNATURE: _____

Code Enforcement Officer/Building Inspector