

INSPECTION / COMPLAINT FORM

DATE OF COMPLAINT: _____	TYPE OF VIOLATION: (filled out by staff)
ALLEGED VIOLATION OR COMPLAINT: _____ _____ _____	CODES: _____ BUILDING: _____ ZONING: _____
COMPLAINANT INFORMATION: Name: _____ Address: _____ Phone number: _____	PROPERTY INFORMATION: Name: _____ Address: _____ Phone number: _____ Tax parcel number: _____
ADDITIONAL INFORMATION: _____ _____ _____ _____ _____ _____ _____ _____ _____ _____	
INVESTIGATION: (filled out by staff)	DATE
_____ _____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____ _____
RESOLUTION: (filled out by staff)	DATE
_____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____

COMMENTS:

