INSPECTION / COMPLAINT FORM

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

ADDITIONAL INFORMATION:

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INVESTIGATION: (filled out by staff) **DATE**

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RESOLUTION: (filled out by staff) **DATE**

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COMMENTS:

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