

DANGEROUS BUILDING COMPLAINT

VIOLATION INFORMATION On Violator(s)

Date: _____

Resident Name(s): _____

Property Owner: _____

Address of Violation(s) _____

City: _____ State: _____ Zip: _____

Nearest Cross Street: _____

Details of Complaint: (be specific): _____

ARE THERE ANY KNOWN OR SUSPECTED HAZARDS AT THIS LOCATION?

IE: Dangerous or unstable residences, dogs, criminal activity, etc.

() YES () NO () UNKNOWN

If yes, identify hazard in detail: _____

*** Turn form over and continue to fill out information ***

FOR OFFICE USE ONLY

File # _____

Received by: _____

Date: _____

Data Processed by: _____

Tax #: T: _____ R: _____ S: _____ TL: _____

Zone: _____

COMPLAINANT INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: () _____

Can violation be seen from the road? () YES () NO If not, what is the best inspection point? _____

Is the complainant a neighbor? () YES () NO

The complainant gives the Code Enforcement Officer permission to use their property for viewing violation: () YES () NO

Please be advised that the information on the document is public record.

Date: _____ Signature: _____