



Community Development

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DATE OF COMPLAINT: _____

ADDRESS OF COMPLAINT: _____

TYPE OF COMPLAINT: _____

COMPLAINANT NAME: _____

ADDRESS: _____

PHONE: _____

E-MAIL: _____

SIGNATURE OF COMPLAINANT: _____

NOTIFY OF RESULTS: YES NO

WILLING TO SIGN AFFIDAVIT YES NO

OWNER/RESPONSIBLE PARTY: _____

CODE VIOLATION(S): _____

