

PLANNING DEPARTMENT

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CODE COMPLAINT FORM

DATE: _____

Complete Address of Violation

Description of Violation

Violation Filed By:

Name: _____

Complete Address: _____

Phone: _____ **Email:** _____

FOR OFFICE USE ONLY:

Type of Violation:

_____ Zoning

_____ Nuisance Ordinance

_____ Minimum Housing Code

_____ Abandoned Structure

Parcel ID #: _____

Action:

