

**CODE ENFORCEMENT DEPARTMENT
COMPLAINT OF VIOLATION**

Official use only:
Date rec'd by municipality _____
Date rec'd by zoning officer _____
File # _____

Part A – To be completed by person registering complaint

Address of Alleged Violation:	
Property Owner/Business Name:	
Date Observed:	
Complaint:	
Your Name (print):	
Your Address:	
Your Contact Phone:	
Signature:	Date:

Part B – To be completed by the Code Enforcement Officer

Date of Site Inspection:
Findings:
Actions Taken:
Inspector:
Complainant contacted by <input type="checkbox"/> Phone <input type="checkbox"/> Mail <input type="checkbox"/> Site Visit on _____ (date)