LAND USE & BUILDING CODE COMPLAINT FORM

LOCATION OF ALLEGED VIOLATION

_____
Address *(Must be Exact!)*

_____
Owner's Name(s) *(If Known)*

_____
Owner's Phone Number *(If Known)*

_____
Tenant's Name *(If Appropriate)*

COMPLAINANT INFORMATION

_____
Name *(If Agency, Contact Person & Title)*

_____
Agency Name

_____
Address

_____
Telephone Number

BRIEF DESCRIPTION OF ALLEGED VIOLATION:

_____
_____
_____
_____
_____

DESCRIBE NATURE & EXTENT OF RISK OF HARM:

_____
_____
_____
_____
_____

DESCRIBE AVAILABLE PROOF REGARDING THE ALLEGED VIOLATION:

_____
_____
_____
_____
_____

ARE YOU WILLING TO PROVIDE EVIDENCE AND TESTIFY, IF NEEDED? YES (___) NO (___)

OTHER WITNESSES: *(List of Names, addresses and ph. #'s of other potential witnesses)*

_____
_____
_____
_____

Date:_____, 20___.

_____
Complainant's Signature

IMPORTANT NOTE: THE IDENTITY OF THE PERSON MAKING A COMPLAINT IS NOT CONFIDENTIAL INFORMATION PER BOARD OF COUNTY COMMISSIONER RESOLUTION #93-106