



## RECORD OF COMPLAINT

### I. Identification Data

Telephone     Office Visit     Inspector Observation  
 Health Hazard     Environmental     Junk/White Goods  
 Refuse/Debris     Fire Hazard     Zoning  
 Abandoned Vehicle     Abandoned Structure     Business License  
 Other \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Street/Address/Location: \_\_\_\_\_

Property ID: \_\_\_\_\_

Property Owner/Occupant Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Initiated By: \_\_\_\_\_

**VERIFICATION:**    Property in Compliance     Not in Compliance

SIGNATURE OF AFFIANT: \_\_\_\_\_

Code Reference (s): \_\_\_\_\_

Before me the undersigned authority, personally appeared \_\_\_\_\_ who being duly sworn deposes and says that he executed the foregoing Affidavit and it is true and correct. Sworn to and subscribed to me this \_\_\_\_ day of \_\_\_\_, 2010.

Seal

Notary Public: \_\_\_\_\_

### II. DEPARTMENT / AGENCY COORDINATION AND ACTION

Police     City Clerk     Public Works  
 Fire Department     City Manager     Fire Department  
 Health Department (HRS)

Findings/Comments:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### III. Disposition Action Taken

Complaint Invalid     Referred to Attorney     Abated     Letter to Owner  
 Letter to Occupant     Refer to CEB     Other \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_