

CODE VIOLATION/COMPLAINT REPORT

(Note: ALL fields required to submit report)

DATE: _____

YOUR NAME: _____

STREET ADDRESS: _____

PHONE: _____

EMAIL: _____

Please check appropriate box:

- | | |
|--|--|
| <input type="checkbox"/> overgrown grass/weeds | <input type="checkbox"/> Hillside Cemetery |
| <input type="checkbox"/> accumulation of junk | <input type="checkbox"/> streets |
| <input type="checkbox"/> unsafe building/conditions | <input type="checkbox"/> parks |
| <input type="checkbox"/> inoperable, unlicensed vehicles parked on streets | |
| <input type="checkbox"/> other | |

Give exact location (i.e. street address):

Briefly describe your observation:

How do you prefer we contact you?

- phone email contact not necessary