ORDINANCE COMPLIANCE FORM

Date: ___________________ Zone: _______

Location: _____________________________________________

Type of Complaint: Check all that apply.

☐ Junk Vehicles ☐ Assorted Junk Items ☐ Abandoned Building(s)
☐ Garbage / Trash ☐ High Grass / Weeds
☐ Other - Describe:_________________________________________

Description of Complaint:

__________________________________________________________
__________________________________________________________
__________________________________________________________

Complainant Name: _______________________________________

Address: ________________________________________________

Signature: ___________________ Phone: _______________

OFFICE USE ONLY

Date Worked:___________ By: __________

Ordinance Violation: ☐ NO - No further action required

☐ YES - Ordinance Number: (250 - 197)

Follow-up information:

☐ Notice of Violation Issued - Date:____________

☐ Date for Re-Inspection:____________________