Code Enforcement Online Complaint Form

(Please fill in the following information)

Address:			
Address 2:			
City:	State:	Zip:	
Problem Type:			
Enter Any Speci	fic details or comme		
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and will not af that any inforr	fect our intent to	assist/investigate any ovide will be kept in	you. This is entirely optional y complaint. Please be assured the strictest confidence and will
	Conta	ct Information	
First Name:		Last Nam	ne:
Daytime Phone	e Number#		
Email Address:			

Reminder:

Filing a false report is a crime and may be subject to prosecution. Enter the complaint location information below and please provide as much information as possible to ensure that our Code Officer is able to assist in your complaint.