

ORDINANCE VIOLATION REPORT FORM

DATE: _____

ADDRESS OF POSSIBLE VIOLATION:

NAME OF OWNER: (If known)

PHONE NUMBER OF OWNER: (If known)

NATURE OF POSSIBLE VIOLATION: _____

COMPLAINANT NAME: _____

ADDRESS: _____

PHONE: _____ FAX: _____

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OFFICE USE ONLY

Violation Ref. Code: _____ Investigation Date: _____

Action Date: _____

Status: _____

Further Action: _____
