



TOWN OF BYRON

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Code Enforcement Complaint Form

Reporting Party Information:

Your name: _____

Your address: _____

Your contact telephone: _____

Your signature: _____

Complaint Information:

Address of complaint/concern: _____

Type of Complaint:

___ Trash and debris ___ Junk vehicle ___ Other

___ Overgrown vegetation ___ Substandard housing

___ Signs ___ Zoning violation

Details of Complaint: (Please limit your comments to the space provided)
