

Town of Eaton

Lawrence P. Cesario
Codes Enforcement Officer
Dean Curtis BSI
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CODES DEPARTMENT COMPLAINT FORM

Date ____ / ____ / ____

Location of Complaint: _____

Complaint Addressed to (name): _____

Nature of Complaint _____

Complainant's Name: _____

Complainant's Signature (required) _____

Phone Number: (____) ____ - ____; cell # (____) ____ - ____

Mailing Address: _____

Codes Officer Use Only

Investigation Date: ____ / ____ / ____ C.E.O. _____

Building Occupied: _____ By: _____

Action needed _____

Follow-up letter sent: ____ / ____ / ____

Assigned Case Number _____

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