



Town of Geddes

Code Enforcement

dbalcer@townofgeddes.gov

CODE ENFORCEMENT COMPLAINT FORM

DATE: _____

RECEIVED: _____

COMPLAINANT: (YOUR NAME AND SIGNATURE WRE REQUIRED AND MUST BE COMPLETED)

NAME: _____

ADDRESS: _____ CITY/STATE/ZIP: _____

DAYTIME TELEPHONE: _____

SIGNATURE AUTHORIZATION TO ENTER **YOUR PROPERTY** TO INVESTIGATE COMPLAINT:

SIGNATURE OF COMPLAINANT: _____

LOCATION OF COMPLAINT: _____

PROPERTY ADDRESS: _____

IS THIS A NEIGHBOR? ☐ YES ☐ NO

NATURE OF COMPLAINT: CHECK BOX (ES)

☐ - BUILDING CONDITION ☐ - UNREGISTERED VEHICLE ☐ - WEEDS/ TALL GRASS

☐ - RUBBISH & DEBRIS ☐ - UNSAFE STRUCTURE ☐ - SIGN ISSUES ☐ - ZONING ☐ - OTHER

DETAILED DISCRIPTION OF COMPLAINT: _____

CAN THIS VIOLATION BE SEEN FROM THE ROAD? ☐ YES ☐ NO

IF NOT, WHAT IS THE BEST LOCATION TO SEE THE VIOLATION? _____

CODE ENFORCEMENT OFFICER REVIEW: INSPECTING CODE OFFICER: _____

DATE: _____ **FIELD INVESTIGATION FINDINGS:** _____

RECOMMENDATIONS BY INVESTIGATING OFFICER: _____

PROPERTY OWNER NOTIFIED-- DATE: ____/____/____

COMPLAINANT NOTIFIED-- DATE: ____/____/____

DATE VIOLATION CLOSED/ MUNICIPALITY -- DATE: ____/____/____