

# CODE ENFORCEMENT TOWN OF HILLIARD

DATE: \_\_\_\_\_

TIME: \_\_\_\_\_

NAME OF COMPLAINANT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

ADDRESS OF COMPLAINT: (Please give SPECIFIC directions to the site) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PROPERTY OWNER OR NAME OF ACCUSED: \_\_\_\_\_

NATURE OF COMPLAINT: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

HAS COMPLAINT BEEN TAKEN BEFORE? \_\_\_\_\_

IF SO, WHEN: \_\_\_\_\_ BY WHAT DEPARTMENT: \_\_\_\_\_

BY WHOM: \_\_\_\_\_

MAY THE COMPLAINANT BE CONTACTED BY THE INVESTIGATING DEPARTMENT: \_\_\_\_\_

INSPECTOR: \_\_\_\_\_ DATE OF INSPECTION: \_\_\_\_\_

REMARKS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_