INTER-OFFICE ENFORCEMENT ROUTE SLIP
(PLACE IN THE ENFORCEMENT FILE)

# CONFIDENTIAL

**Date:** _____
**Taken By:** _____

This Complaint is from: (check one of the following)

☐ NEIGHBOR ☐ FIRE MARSHALL ☐ CITY

☐ OTHER GOVERNMENTAL AGENCY ☐ OTHER

**********

**LOCATION of COMPLAINT:**

1. **Address:** _____

2. **Cross Street/Directions (from the complainant):**
_____
_____

**********

**DESCRIPTION of the COMPLAINT:**

Description of perceived nuisance to be addressed (Example: Weeds 36" inches high; berry briars growing over the fence).

____ Tall Weeds ____ Abandoned Vehicles _____ Rubbish _____ Obstructed right-of-way

____ Fire Hazard ____ Unnecessary Noise _____ Public Health Issue

*Other (Describe)_____
_____
_____

*Use this space to provide more of a description and/or to describe the issue that may not necessarily be addressed above.

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**CONTACT PERSON: The name of any complainant will remain confidential unless required by law to release.**

4. If more information is required, whom should this office contact?

Complainant's Name: _____ Phone Number: _____

Mailing Address: _____

_____

**For Official Use Only**

**Date Form Routed to:** Code Enforcement Officer _____ City Administrator _____ Police Department _____

**Action(s) taken:** Warning Date:_____ Citation Date _____ Court Date: _____

Abatement Date_____ Lien Filed Against Property YES:____ NO: ____ Amount $ _____

**Final Disposition:** Follow up Date:_____ Pending Judicial Review Date:_____ File Closed Date: _____