

BOARD OF COUNTY COMMISSIONERS

EDWIN H. HUMPHREY • DAVID H. UIBLE • DAVID L. PAINTER

Complaint Number

Permit Central/Building Inspection Department

COMPLAINT FORM

Complainant Name:(Your Name and Address)	Ph	none:
Mailing Address:		
Fax:	E-mail:	
(Signature of Complainant)	(Print or type name here)) (Date)
Briefly Describe Complaint abou	t the Property Causing the Prob	lem:
Is this rental property?Manage Were you aware of this problem when when the property of the problem when the property owner's real what was the property owner's real was the property	hen you moved in? How lo	ng has this problem
Address of Property Causing the	Problem:	
(Street No.) (Street Name	e)	(Zip Code)
Driving Directions:		
Village:	Township:	
Property Owner:	Phone: _	
Address:		
Fax:	E-mail:	