



Office of the City Manager  
Neighborhood Services-Enforcement Division

## CODE ENFORCEMENT REQUEST FOR SERVICE

Property Address: \_\_\_\_\_ Date: \_\_\_\_\_

Owner: \_\_\_\_\_ Day Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Night Phone: \_\_\_\_\_

Reported By: \_\_\_\_\_ Day Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Night Phone: \_\_\_\_\_

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COMPLAINT: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Additional space on reverse side

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Comment: \_\_\_\_\_

\_\_\_\_\_

Assigned To: \_\_\_\_\_ Assigned By: \_\_\_\_\_ Date: \_\_\_\_\_

