

<u>COMPLAINANT INFORMATION</u>		
Name:	Primary Phone:	
Address:	City:	Zip:
Email:	Other Info:	

<u>COMPLAINT INFORMATION</u>		
Owner Name/ Business Name:	Primary Phone:	
Address:	City:	Zip:
Email:	Parcel(PIN#)/ Establishment ID:	
Other Info:		

<u>COMPLAINT INFORMATION</u>
<input type="checkbox"/> <b>By checking this box; I certify that the information provided on this form and any accompanying document/images is true, complete, and correct to the best of my knowledge and belief.</b>
<input type="checkbox"/> <b>If deemed necessary you also agree to testify in court. (If this box is not checked, this complaint may not be able to be used for enforcement)</b>

**FOR OFFICE USE ONLY**

Date Received:	Investigation #:
Assigned to:	Source of Complaint: