



CODE VIOLATION REPORT

Development Services

Date _____

439-_____-_____**COD**

Property Owner: _____

Mailing Address: _____

Legal Description: _____
Township Range Section Tax Lot Acreage Zone

Location of Violation: _____

Nearest Cross Street: _____ Type of Violation (Circle): ZONING BUILDING SOLID WASTE

Detailed Description of Violation: _____

Violation Reported By: _____
Name

Address Phone

THE FOLLOWING SECTION IS TO BE COMPLETED BY CODE COMPLIANCE PERSONNEL

Map Attached: Yes _____ No _____ WOV: 1st 2nd Final CITATION: _____

Central File Review Results/Comments: _____

Complaint received by: _____