DATE:_____

DAWSON COUNTY CODE ENFORCEMENT COMPLAINT FORM

PROBLEM LOCATION:_____

_____

INCIDENT/VIOLATION DETAILS: _____

_____

_____

VIOLATOR NAME:_____ LAND OWNER NAME:_____

PROPERTY TMP#:_____ PROPERTY ZONING:_____

ADDRESS/LOCATION:_____

CONTACT PHONE NUMBERS:_____

COMPLAINTANT NAME:_____( )CHECK IF WISHES TO REMAIN ANONYMOUS

ADDRESS:_____

CONTACT PHONE NUMBERS:_____

COMPLAINT TAKEN BY:_____ COMPLAINT ASSIGNED TO:_____

DATE ASSIGNED: _____

OFFICERS' ACTION: ( )WARNING NOTICE ( )STOP WORK ORDER ( )CITATION

( )NO VIOLATION ( )REFERRAL

NARRATIVE:_____

_____

_____

_____

_____

_____

OFFICERS SIGNATURE:_____