

COUNTY OF PAGE- BUILDING & ZONING DEPARTMENT
COMPLAINT INVESTIGATION FORM

Property Owner (only if known): _____

Address of Violation: _____

Owners Phone Number (only if known): _____

Complainant's Name: _____

Complainant's Address: _____

Complainant's Phone Number: _____

In the space provided below, please write all the details that you believe to be in violation:

Complainant's Signature

Date of Complaint

***NOTE TO COMPLAINANT: IT IS NOT THE PROCEDURE OF THIS OFFICE TO CONTACT THE COMPLAINANT WITH RESULTS OF ANY INSPECTIONS REGARDING THIS COMPLAINT.**

Tenant/Owner Only:
BY SIGNING BELOW YOU GIVE OUR INSECTOR THE RIGHT TO ENTER THE PROPERTY FOR INSPECTION OF COMPLAINT.

Tenant/Owner Signature

Date of Permission

FOR INTERNAL USE ONLY:

Complaint Received By: _____

Tax Map #: _____

Complaint File #: _____

Conditions Found:

Date: _____

Summary Report:

Date: _____

Action Taken:

Date: _____

Inspector Signature: _____