

RESIDENT COMMENTS / CONCERNS FORM

CHECK HERE IF YOU WISH TO REMAIN ANONYMOUS

RESIDENT NAME: _____ PHONE: _____

RESIDENT ADDRESS: _____

BLK _____ LOT _____ RESIDENT EMAIL ADDRESS _____

LOCATION OF CONCERN: _____ BLK _____ LOT _____

NATURE OF CONCERN: _____

IF ADDITIONAL SPACE IS NEEDED, PLEASE CONTINUE ON BACK OF FORM

----- **DO NOT WRITE BELOW THIS LINE -- OFFICE USE ONLY** -----

DATE REC'D: _____ TIME: _____ BY: _____ DEPT: _____
 PHONE FAX IN PERSON OTHER _____

INSPECTION RECORD

DATE OF INSPECTION: _____ INSPECTOR: _____

OWNER: _____ ADDRESS: _____

FINDINGS: _____

ACTION TAKEN

CALL DATE: _____ TO: _____ BY: _____
 RESULT: _____

LETTER DATE: _____ TO: _____ BY: _____
 RESULT: _____

EMAIL DATE: _____ TO: _____ BY: _____
 RESULT: _____

OTHER
 DATE: _____ TO: _____ BY: _____
 RESULT: _____

COMMENTS / RESOLUTION: _____

