COMPLAINT NOTICE

Date: _____

Name: _____ Phone No.: _____

Address: _____ Cell No.: _____

_____ Email: _____

Property Owner: _____ Phone No.: _____

Address: _____ Cell No.: _____

_____ Email: _____

Location of Complaint: _____

Complaint: _____

_____

_____

_____

For Office Use Only

Follow up Notes: _____

_____

_____

_____

_____

Tax Key No.: _____

Received From: _____ (Name & Department) _____ (Date)

Forwarded To: _____ (Name & Department) _____ (Date)

_____
Signature of Responding Officer

City of Delavan, Attention: Building Inspector, P.O. Box 465, Delavan, WI 53115
Phone: 262-728-5585, extension 121; Fax: 262-728-4566; Email address: bldginsp@ci.delavan.wi.us