



## BLIGHT & DANGEROUS BUILDING COMPLAINT FORM

Date of complaint: \_\_\_\_\_

Name of owner/occupant: \_\_\_\_\_

Address/Location of complaint: \_\_\_\_\_

Type of complaint: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Filed By: \_\_\_\_\_

Phone Number: \_\_\_\_\_

OFFICE USE ONLY:

COMPLAINT #: \_\_\_\_\_

ACTION TAKEN: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_