

CODE ENFORCEMENT OFFICE OF THE BOROUGH OF CANONSBURG

COMPLAINT FORM

* must be filled in

* COMPLAINT DATE: _____ NATURE OF COMPLAINT: _____

* COMPLAINTANT'S NAME: _____

* COMPLAINTANT'S ADDRESS: _____

* COMPLAINTANT'S PHONE NUMBER: _____

* VIOLATION ADDRESS: _____

OWNER NAME: _____

OWNER ADDRESS: _____

OWNER PHONE NUMBER: _____

DESCRIPTION OF VIOLATION: _____

DATE VISITED: _____ TICKET #: _____

REGULAR LETTER SENT: _____ CERTIFIED LETTER SENT: _____

SIGNED CARD RECEIVED: _____ LETTER RETURNED: _____

DISPOSTION: _____

DATES ENTERED IN SYSTEM: ____/____/____/____/____/____

FOLLOW UP NOTES: _____
