Borough of Port Clinton
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CODE ENFORCEMENT COMPLAINT FORM

SECTION 1: COMPLAINT INFORMATION

Date: _____/_____/_____

Violation Address _____

Owner of Property (If Known): _____

Property Type (Circle One): Commercial Residential

Nature of Complaint: (Circle One):

Grass Debris/Trash Signage Pests/Insects Parking Zoning Occupancy Permit Vehicle

Other: _____

Description of Violation (If Necessary): _____

_____

Location (Circle One): Interior Exterior Front Yard Back Yard Side Yard

SECTION 2: REPORTING PARTY INFORMATION

Name: _____

Address: _____

Telephone: _____

Complainant Wishes to Remain Anonymous (Circle if Applicable): Yes

If Necessary May the Property Maintenance Inspectors Have Permission to Enter Your Property to View the Subject Violation? (Circle): Yes No

If Yes Please Sign: _____

Contact Reporting Party After Inspection (Circle): Yes No

For Office Use Only	
Date Received:	**Action Taken:**
Received By:	**Comments:**
Assigned To:	