City of Callaway

Code Enforcement Complaint Form

Date: ___/___/___

Complainant

Name: _____

Address: _____

Phone #: _____

Location of Reported Violation

Address: _____

Residents Name: _____

Residents Phone #: _____

Owners Name:_____

Owners Address If Different: _____

Owners Phone #: _____

Repeat Offense: Yes _____ No _____

Nature of Complaint

_____

_____

_____

_____

_____

Verbal Warning _____ Red Tag _____ N.O.V. Given _____

Letter Sent _____ Follow Up Inspection _____ Citation _____

Lien _____ **Date of Compliance:** _____