

Parcel # \_\_\_\_\_

# HARRISVILLE CITY CODE ENFORCEMENT

## Violation Complaint Form

*(Please be aware this information is a public record.)*

### Complainant

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email: \_\_\_\_\_ Signature: \_\_\_\_\_

(By checking here I wish to remain anonymous but acknowledge that this may affect the ability of Harrisville City to pursue the complaint.)

### Offender

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Offense(s): (Please PRINT and be as descriptive as possible)

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Staff Use

COURTESY NOTICE: \_\_\_\_\_

LETTER: \_\_\_\_\_

EXTENSION: \_\_\_\_\_

CORRECTED: \_\_\_\_\_

CLOSED: \_\_\_\_\_

APPEALED: \_\_\_\_\_