

CITY OF WALKER  
BUREAU OF INSPECTION SERVICES  
COMPLAINT FORM

\_\_\_\_\_

\_\_\_\_\_

Report of \_\_\_\_\_ Section \_\_\_\_\_ Date \_\_\_\_\_

Address of Complaint \_\_\_\_\_ Parcel # \_\_\_\_\_

**OWNER OF PROPERTY:**

Name \_\_\_\_\_ Address \_\_\_\_\_

**COMPLAINANT:**

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

**COMPLAINT RECEIVED BY:**

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

Report received by      telephone \_\_\_\_\_      Mail \_\_\_\_\_      In person \_\_\_\_\_

**COMPLAINT ASSIGNED TO:**

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

Photo's taken \_\_\_\_\_ How many \_\_\_\_\_ Date taken \_\_\_\_\_

**ADDITIONAL INFORMATION:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

OPEN \_\_\_\_\_      CLOSED \_\_\_\_\_