

INTER-OFFICE ENFORCEMENT ROUTE SLIP

CONFIDENTIAL

Date: _____
Received by: _____

Complaint is from:

Neighbor Fire Marshall City Other

Location of Complaint:

Address: _____
Cross Street/Intersection: _____

Description of the Complaint:

Tall Weeds Abandoned Vehicles Rubbish Obstructed right-of-way
 Fire Hazard Unnecessary Noise Public Health Issue

Other (describe): _____

Contact Person: The name of any complainant will remain confidential unless required by law to release.

If more information is required, whom should this office contact?

Name: _____ Phone Number: _____
Mailing Address: _____

For Official Use Only

Date Routed to: _____ Police Department	_____ Public Works	_____ City Administrator
Action Taken: _____	Date: _____	
Final Disposition:	Follow up date: _____	Pending Judicial Review date: _____
	File closed date: _____	