



TOWN OF DELAVAN

COMPLAINT FORM

NO. _____ DATE: _____ TIME: _____

PERSON FILING COMPLAINT: _____

ADDRESS: _____

PHONE NUMBER: _____

OWNER OR OCCUPANT AT COMPLAINT LOCATION:

NAME: _____ PHONE: _____

ADDRESS: _____

OWNER'S NAME AND ADDRESS IF DIFFERENT THAN ABOVE:

NAME: _____ PHONE: _____

ADDRESS: _____

NATURE OF COMPLAINT/CALL: _____

SIGNATURE OF PERSON FILING COMPLAINT: _____

(OFFICE USE ONLY)

MUNICIPAL AUTHORIZATION

SIGNATURE: _____ DATE: _____

INSPECTION REPORT: _____

ACTION TAKEN: _____