

# Town of Delavan

5621 Town Hall Road  
Delavan, WI 53115

## 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: \_\_\_\_\_

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(OFFICE US ONLY)

MUNICIPAL AUTHORIZATION

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

INSPECTION REPORT: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ACTION TAKEN: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_