



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 _____