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# CODE ENFORCEMENT COMPLAINT FORM

<b>COMPLAINT(S) NAME</b>	
<b>COMPLAINT(S) ADDRESS</b>	
<b>NATURE OF COMPLAINT</b>	
<b>COMPLAINT ASSIGNED TO</b>	
<b>DATE ASSIGNED</b>	
<b>RESPONSE DUE BY</b>	
<b>DATE AND STATUS</b>	
<b>REFERRED TO</b>	
<b>AGENCY NAME</b>	
<b>PERSON</b>	
<b>PHONE #</b>	
<b>DATE</b>	

ACTION     NO ACTION     CODE ENFORCEMENT MAGISTRATE HEARING