



# DEPARTMENT OF BUILDING AND PLANNING

## REQUEST FOR INVESTIGATION

Control No. _____ ___ Building ___ Fire/Safety ___ Zoning ___ EHU
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Subject of Complaint:

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Nature of Complaint: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Complainant:	
Name: _____	Telephone: _____
Address: _____	City: _____ State: _____
Signature of Complainant _____	Date _____

STAFF USE ONLY

DO NOT WRITE BELOW THIS LINE

## INVESTIGATION

Date _____
Initials _____

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date _____
Initials _____

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