



DEPARTMENT OF BUILDING AND PLANNING

REQUEST FOR INVESTIGATION

Control No. _____ ___ Building ___ Fire/Safety ___ Zoning ___ EHU
--

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 _____

