

CITY OF CHIPLEY

(RECORD OF COMPLAINT)

| | | | |
|---------------------------------------------------------------------------------------------------|--------------------------------------------------|------------------------------------------------|------------------------------------------------|
| I. IDENTIFICATION DATA | | | DATE: _____ |
| <input type="checkbox"/> Telephone | <input type="checkbox"/> Letter | <input type="checkbox"/> Office Visit | <input type="checkbox"/> Inspector Observation |
| <input type="checkbox"/> Health Hazard | | <input type="checkbox"/> Environmental | <input type="checkbox"/> Junk/White Goods |
| <input type="checkbox"/> Refuse/Debris | | <input type="checkbox"/> Fire Hazard | <input type="checkbox"/> Zoning |
| <input type="checkbox"/> Abandoned Vehicle | | <input type="checkbox"/> Abandoned Structure | <input type="checkbox"/> Business License |
| <input type="checkbox"/> Other _____ | | | |
| ***** | | | |
| Street/Address/Location: _____ | | | |
| Property I.D.Number: _____ | | | |
| Property Owner/Occupant Name: _____ | | | |
| Mailing Address: _____ | | | |
| Initiated By: _____ | | | |
| ***** | | | |
| VERIFICATION: Property in Compliance _____ Not in Compliance: _____ | | | |
| SIGNATURE OF AFFIANT: _____ | | | |
| Code Reference(s): _____ | | | |
| Before me the undersigned authority, personally appeared _____, | | | |
| who being duly sworn deposes and says that he executed the foregoing Affidavit and it is true and | | | |
| correct. Sworn to and subscribed before me this ____ day of _____, 1998. | | | |
| (Seal) | | Notary Public: | |
| _____ | | | |
| II. Departmental/Agency Coordination and Action | | | |
| <input type="checkbox"/> Police Department | <input type="checkbox"/> City Clerk | <input type="checkbox"/> Recreation Department | |
| <input type="checkbox"/> Public Works | <input type="checkbox"/> City Administrator | | |
| <input type="checkbox"/> Fire Department | <input type="checkbox"/> Health Department (HRS) | | |
| Findings/Comments: _____ | | | |
| _____ | | | |
| Signature: _____ | | Date: _____ | |
| ***** | | | |
| III. Disposition/Action Taken (Code Enforcement Officer) | | | |
| <input type="checkbox"/> Complaint Invalid | <input type="checkbox"/> Refer to Attorney | <input type="checkbox"/> Abated | |
| <input type="checkbox"/> Letter to Owner | <input type="checkbox"/> Letter to Occupant | | |
| <input type="checkbox"/> Refer to CEB | <input type="checkbox"/> Other _____ | | |
| ***** | | | |
| Signature _____ | | | |
| Date _____ | | | |
| ***** | | | |
| CODE FORM 1 | CITY OF CHIPLEY | | APPENDIX #1 |
| January 1998 | | | |