



Complaint Form

Date: _____

Person Filing Complaint: _____ Phone: _____

Address: _____

Complaint Information:

Owner(s): _____

Address: _____ Tax Key: _____

Phone: _____

Statement of Complaint:

ENFORCEMENT ACTION

Date Reviewed: _____

1. Review indicates:

_____ No violation of Town of Rome Ordinance(s)

_____ Possible violation of Town of Rome Ordinance(s)—Proceed to Section 2

2. Inspection of premises indicates:

_____ No violation of Town of Rome Ordinance(s)

_____ Violation(s) of the following Ordinance(s) & Section(s) Complete & proceed to Section 3

Ordinance: _____ Section: _____

Ordinance: _____ Section: _____

Ordinance: _____ Section: _____

Inspecting Officer: _____ Date of Inspection: _____

3. Action taken on findings:

_____ Action taken as follows:

Enforcing Officer: _____ Date of Action: _____