

COMPLAINT RECORD

CITY OF TAMARAC
CODE COMPLIANCE DIVISION
 7525 NW 88TH AVENUE #205
 TAMARAC FL 33321-2401
 954-597-3425 FAX: 954-597-3540

CASE # _____

PLEASE COMPLETE THE FOLLOWING INFORMATION TO THE BEST OF YOUR KNOWLEDGE

IS THE VIOLATION VISIBLE FROM THE STREET OR SIDEWALK? YES () NO () IF THE VIOLATION IS NOT VISIBLE FROM THE STREET OR SIDEWALK, PERMISSION FROM YOU MUST BE GIVEN TO THE CODE ENFORCEMENT OFFICER TO VIEW THE ALLEGED VIOLATION FROM YOUR PROPERTY.

YOUR SIGNATURE: _____, AND PRINT NAME: _____ IS REQUIRED WHICH REPRESENTS YOUR ACKNOWLEDMENT AND CONSENTING FOR THE CODE ENFORCEMENT OFFICER TO ENTER YOUR PROPERTY AND VIEW AND TAKE PHOTOS OF THE ALLEDGE VIOLATION.

RESIDENT GENERATING COMPLAINT

DATE:	EMAIL:
YOUR NAME:	
ADDRESS:	
HOME PH:	WORK PH:

SUSPECTED VIOLATORS INFORMATION

NAME AND /OR BUSINESS:	
ADDRESS:	PHONE NUMBER:
EXPLAIN VIOLATION/S:	

OFFICE USE ONLY

RECEIVED BY:	OFFICER ASSIGNED:
OFFICERS NOTES:	