

COMPLAINT FORM

Date

Type:

300 Cherry Street Huntington, IN 46750 Ph: (260) 356-5146 Fax: (260) 454-5211 www.huntington.in.us

□ Unsafe Structure □ Minimum Housing

	www.huntington.in.us	□ Zoning	□ Other:	
	OPERTY OWNER			
	perty Address:			
	cel PIN: 35			
Ow	ner Name:			
Ow	ner Address:			
1. CO	MPLAINANT			
Naı	me:			
	dress:			
	one:			
	ΓURE OF VIOLATION			
I herebi	certify that, to my knowledge, the in	nformation herein and anv si	upporting information is true	and accurate.

Signature

FOR DEPARTMENT USE

INITIAL INSPECTION				
Site inspection performed on:	By:			
FINDINGS				
DETERMINATION				
1. Code: § Description:				
2. Code: § Description:				
3. Code: § Description:				
4. Code: § Description:				
5. Code: § Description:				
Action: □ Violation Notice □ Refer to:	(□ Jointly □ Independently)			
☐ Unsafe/Minimum Housing ☐ No Acti	on Warranted			
NOTICE				
□ 1st Violation issued on:	□ Inspection Notice issued on:			
□ 2nd Violation issued on:	□ Inspection set for:			
□ Final Violation issued on:	□ Order of Enforcement issued on:			
□ Referred to legal on:	□ Compliance deadline:			
FOLLOW-UP INSPECTION				
Site inspection performed on:	By:			
FINDINGS				
Violation: □ Corrected □ Unresolved □ Other:				
Notes:				
RESOLUTION				
COMPLAINT CLOSED				

Date: _____ By: ____