

**REQUEST FOR ENFORCEMENT**

**Date Requested:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      **Parcel No:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

<p><b>Property Information:</b> <i>(address or description of location is required)</i></p> <p>Name: _____</p> <p>Address: _____</p> <p>City: _____</p> <p><b>Description of Location:</b></p>	<p><b>Mailing Information:</b> <i>(if different, optional)</i></p> <p>Name: _____</p> <p>Address: _____</p> <p>City, St, Zip: _____</p>
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<b>Complaint/Alleged Violation:</b>	
<b>Complainant Information:</b> <i>(optional)</i>	
Name: _____	May an inspector enter the complainant's property to view the alleged violation?    Yes    No
Address: _____	Instructions for inspector:
City: _____	
Phone/Email: _____	

<b>OFFICE USE ONLY</b>	
Summary of Findings:	
_____	
_____	
_____	
_____	
_____	
Red Tag Issued? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Permits Required: <input type="checkbox"/> Framing <input type="checkbox"/> Plumbing <input type="checkbox"/> Electrical <input type="checkbox"/> HVAC <input type="checkbox"/> Deck/Porch/Gazebo	
<input type="checkbox"/> Pool <input type="checkbox"/> Hot Tub <input type="checkbox"/> Zoning <input type="checkbox"/> Addition/Alteration <input type="checkbox"/> Stormwater	
Misc. Information: _____	
_____	