CITY OF NORBORNE

COMPLAINT FORM

Complete the entire form and submit to;
Code Enforcement Officer
105 E. 2nd ST Norborne, MO 64668
Phone- 660-593-3514

Complaint Made By:_____ Date:_____

Address:_____ Telephone:_____

Are you willing to testify? (Circle one) Yes No

Signature of Complainant:_____

Owner of Property:_____

Location of Complaint:_____

Nature of Complaint:_____

_____

_____

_____

(To be completed by the City of Norborne)

Date Received: _____ Date Inspected:_____

Inspected by: _____

This is in violation of City Ordinance(s) No.:_____

Description of violation: _____

_____

Action Taken: _____