

CITY OF WATERTOWN COMPLAINT FORM

Date Received:	Received By:	Review Date:
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COMPLAINANT INFORMATION

Last Name	First Name	
Address	City	State
Home Phone	Work Phone	Zip

SUBJECT INFORMATION

Last Name	First Name	
Address	City	State
Home Phone	Work Phone	Zip
Site Address		

COMPLAINT INFORMATION

Type of Complaint (Please Circle)		
Animal	Fire Code	Parking
Building Code	Nuisance	Weeds
Debris	Outdoor Storage	Other

Inspection Date: ___/___/___

Comments:

Inspection Date: ___/___/___

Comments:

Action Taken:

___ Advisory Letter

___ Certified Letter

___ Referred to:

___ Public Works

___ City Attorney

___ Carver County

___ Sheriff's Department

Resolution:

___ Voluntary Compliance

___ Action Pending

___ No Further Action

___ Other