

W302N1254 Maple Avenue
Delafield, Wisconsin 53018
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CITIZEN COMPLAINT FORM INSPECTION REQUEST

Owner or Occupant at Site:			
Address at Site:			
Nature of Complaint:			
<u>COMPLAINANT</u>			
Name:			
Address:			
Phone:			
Directed to:			
Date Complaint Filed:		Date Viewed:	
Inspection Report			
Action taken by Proper Authority			
Report taken by:			