

COMPLAINT/VIOLATION FORM

Town - Village of Harrison
Code Enforcement

Date _____

Name _____

Address _____

Phone _____

Signature* _____

***Form MUST be signed**

Location/address of complaint _____

Block _____ Lot _____

Nature of complaint _____

Section of Harrison Code _____

Section of State Code _____

_____ **FOR OFFICE USE ONLY** _____

Date of Inspection _____

Inspector Assigned _____

Inspector Comments _____

