CITY OF SANDUSKY
DEPARTMENT OF COMMUNITY DEVELOPMENT
DIVISION OF CODE ENFORCEMENT
COMPLAINT FORM
Telephone: 419-627-5913 Fax 419-627-5945

Date: _____

Type of Complaint: _____ Address of Complaint: _____

Parcel #: _____ Number of Units: _____

Occupant's Name: _____Phone #: _____

Owner's Name: _____Phone #: _____

Owner's Mailing Address: _____

Name of Complainant: _____Phone #: _____

Address of Complainant: _____

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Complaint:_____

_____

_____

_____

_____

**NOTE: If you choose not to provide your name and a telephone number where we can reach you, your complaint cannot be processed.**

Complainant's Signature: _____

……..**DO NOT WRITE BELOW THIS LINE** …….

Orig. Inspection Date: __/__/____ **JUSTIFIED** **UNJUSTIFIED**

☐ Registered ☐ Not Registered Rental ☐ Foreclosure ☐ Not Foreclosure ☐ Probate ☐ Not Probate

Activity Log: _____

_____

_____

RECOMMENDATION: _____

_____

_____

☐ Pictures Taken

Code Compliance Officer:_____ Foreman: _____

Return to: City of Sandusky
Department of Community Development
Division of Code Enforcement
222 Meigs Street
Sandusky, Ohio 44870

For Office use Only

| | |
|---|---|
| Complaint | Complaint |
| Complaint | Complaint |
| Log #_____ | Log #_____ |
| Complaint #_____ | Complaint # _____ |
| Received by: _____ | Received by: _____ |
| Date: ____/____/____ | Date: ____/____/____ |