



NEIGHBORHOOD ENHANCEMENT

(Comments, Suggestions and Complaint Form)

The information you provide will be treated in strict confidence

Your name: _____

Your Address: _____

If you want to be contacted please provide a contact phone # _____

Only one address per form: must have exact address of violation, no ranges or approximations.

Address of Complaint: _____

Owners Name: _____

Parcel #: _____ - _____ - _____

Check type of violation(s):

- | | | |
|---|---|---|
| <input type="checkbox"/> Inoperable Vehicles | <input type="checkbox"/> Vehicle parts | <input type="checkbox"/> Refrigerator(s) |
| <input type="checkbox"/> Appliances or fixtures | <input type="checkbox"/> Holes or open trenches | <input type="checkbox"/> Junk (list below) |
| <input type="checkbox"/> Discarded furnishings | <input type="checkbox"/> Household garbage | <input type="checkbox"/> Unusable firewood |
| <input type="checkbox"/> Construction debris | <input type="checkbox"/> Weeds and combustibles | <input type="checkbox"/> Batteries <input type="checkbox"/> Oil |
| <input type="checkbox"/> Campers, travel trailers, motor homes (Occupied) | <input type="checkbox"/> Solid/Hazardous waste | |
| <input type="checkbox"/> Visibility of any of the above | <input type="checkbox"/> Other _____ | |

Additional information: _____
