

CITY OF STANFORD
PLANNING AND ZONING
CODE ENFORCEMENT



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Code Enforcement Officer

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NUISANCE COMPLAINT

NAME (DESCRIPTION) OF COMPLAINT: _____

LOCATION (PHYSICAL ADDRESS): _____

PROPERTY OWNER NAME, ADDRESS, PHONE NUMBER, ETC. (IF AVAILABLE):

NARRATIVE: (PLEASE DESCRIBE YOUR COMPLAINT IN AS MUCH DETAIL AS POSSIBLE:

(ADD ADDITIONAL PAGES IF NECESSARY)

COMPLAINANT'S NAME AND ADDRESS, PHONE NUMBER, ETC.:

COMPLAINANTS

SIGNATURE: _____ DATE: _____ TIME: _____

(REQUIRED)