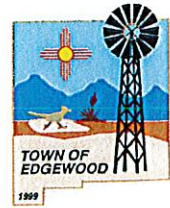


TOWN OF EDGEWOOD

CODE ENFORCEMENT COMPLAINT FORM



COMPLAINANT'S INFORMATION

NAME: _____ PHONE NUMBER: _____

ADDRESS: _____

ADDRESS OF VIOLATION: _____

DESCRIPTION OF VIOLATION:

I CERTIFY THAT THE ABOVE TESTIMONY IS TRUTHFUL & ACCURATE TO THE BEST OF MY ABILITY

SIGNATURE: _____ DATE: _____