

**CITY OF CUYAHOGA FALLS, OHIO
DEPARTMENT OF BUILDING & ZONING INSPECTION
2310 SECOND ST
CUYAHOGA FALLS, OH 44222
330/971-8100**

LOCATION (ADDRESS)
OF COMPLAINT: _____

OWNER OR TENANT: _____

ADDRESS: _____

DATE MAILED _____ BY _____

NOTE: PLEASE CLEARLY WRITE, PRINT OR TYPE YOUR COMPLAINT IN THIS AREA

COMPLAINT: _____

COMPLAINT **MUST** BE SIGNED. YOUR NAME WILL NOT BE USED DURING THE INVESTIGATION; HOWEVER, OHIO'S PUBLIC RECORDS LAW MAY REQUIRE SUCH DISCLOSURE UPON REQUEST.

RETURN THIS FORM TO:

BUILDING AND ZONING INSPECTION
CITY OF CUYAHOGA FALLS
2310 SECOND ST
CUYAHOGA FALLS OH 44222

(SIGNATURE) _____
YOUR
COMPLETE
ADDRESS _____
CITY/STATE _____
ZIP CODE _____ PHONE _____

-- DO NOT WRITE IN THE AREA BELOW --

DATE REFERRED: _____ REFERRED TO: _____ DATE: _____

INSPECTOR'S REPORT: _____

VIOLATION REFERENCE _____
(i.e., ORDINANCE, CODE NUMBER)

INSPECTOR _____

DISPOSITION: _____ COMPLETED (TO BE FILED) _____ FORWARD TO LAW DEPT. _____ DATE _____