



# CITY OF SPRINGFIELD

## CODE ENFORCEMENT



3529 East 3rd Street Springfield, Florida 32401  
850) 872-7570 Ext. 107 (850) 747-5663 Fax  
Codeenforcement@springfield.fl.gov

### Code Enforcement Complaint Form

Date of complaint: \_\_\_\_\_ Name (required) \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Do you wish to be contacted about this complaint? Yes No Best Time To Call: \_\_\_\_\_

Address of Complaint: \_\_\_\_\_

Nature of Complaint: \_\_\_\_\_

How long has the complaint been going on? \_\_\_\_\_

Do you know who the person(s) involved are? Yes No If yes, who? \_\_\_\_\_

Do you know the time frames that the complaint is happening? Yes No If yes, when? \_\_\_\_\_

Is there any other information that you would like to us to know? \_\_\_\_\_

\*\*\*\* Below Internal Use Only \*\*\*\*

Date Received: \_\_\_\_\_ Via: \_\_\_\_\_ Case Number Assigned \_\_\_\_\_

Notes: \_\_\_\_\_