



# CITY OF SPRINGFIELD

## CODE ENFORCEMENT



408 School Avenue Springfield, Florida 32401  
850) 872-7570 Ext. 107 (850) 872-7663 Fax

kodom@springfield.fl.gov or mclark@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? \_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

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

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

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

\_\_\_\_\_