



CITY OF
MAYWOOD

NEIGHBORHOOD COMPLAINT FORM

FOR OFFICE USE ONLY
DATE _____
BY _____

REQUEST FOR INVESTIGATION

- BUILDING & PLANNING
 PARKING ENFORCEMENT
 CITY CLERK
 CITY ENGINEER
 POLICE
 ANIMAL CONTROL
 COMMUNITY SERVICES DEPARTMENT

COMPLAINT INFORMATION

FIRST NAME _____		LAST NAME _____	
E-MAIL ADDRESS _____		PHONE _____	
STREET ADDRESS: _____			
CITY _____	STATE _____	ZIP CODE _____	

LOCATION / DESCRIPTION OF COMPLAINT

LOCATION OF VIOLATION (ADDRESS) _____ NEAREST CROSS STREET (IF NEEDED) _____

CHECK TYPE OF VIOLATION (S):

<input type="checkbox"/> POSSIBLE GARAGE CONVERSION	<input type="checkbox"/> ILLEGAL PETS/ANIMALS	<input type="checkbox"/> GRAFFITI
<input type="checkbox"/> POSSIBLE ILLEGAL UNIT/ADDITION	<input type="checkbox"/> STORAGE OF INOPERABLE VEHICLE	<input type="checkbox"/> BUSINESS VIOLATION
<input type="checkbox"/> BUILDING MAINTENANCE <input type="checkbox"/> PEELING/CHIPPING PAINT <input type="checkbox"/> BROKEN WINDOWS <input type="checkbox"/> STAIRWAY IN NEED OF REPAIRS <input type="checkbox"/> ROOF IN DISREPAIR	<input type="checkbox"/> SUBSTANDARD LIVING CONDITIONS <input type="checkbox"/> MOLD ACCUMULATION <input type="checkbox"/> FAULTY PLUMBING <input type="checkbox"/> FAULTY ELECTRICAL WIRING <input type="checkbox"/> WATER LEAK FROM ROOF/CEILING	<input type="checkbox"/> ILLEGAL HOME OCCUPATION <input type="checkbox"/> AUTO REPAIR WORK <input type="checkbox"/> AUTO BODY WORK <input type="checkbox"/> PRODUCT MANUFACTURING <input type="checkbox"/> SALES
<input type="checkbox"/> PROPERTY MAINTENANCE <input type="checkbox"/> OVERGROWN GRASS /VEGETATION <input type="checkbox"/> OUTDOOR STORAGE IN YARD AREAS <input type="checkbox"/> JUNK & DEBRIS IN YARD AREAS <input type="checkbox"/> BAD SMELL / ODORS	<input type="checkbox"/> LOUD NOISE OCCURENCES <input type="checkbox"/> EVERYDAY <input type="checkbox"/> ON WEEKENDS <input type="checkbox"/> MORNING <input type="checkbox"/> AFTERNOON <input type="checkbox"/> NIGHT	<input type="checkbox"/> RIGHT OF WAY WORK <input type="checkbox"/> SIDEWALK REPAIR <input type="checkbox"/> TREE REMOVAL <input type="checkbox"/> DISCARDED JUNK/MATERIALS <input type="checkbox"/> POT HOLES /STREET REPAIRS

OTHER VIOLATION / DESCRIPTION: _____

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INVESTIGATED BY _____ DATE _____

INVALID/FALSE COMPLAINT - REASONS:
 NO VIOLATION OBSERVED
 INCORRECT/NO SUCH ADDRESS
 INSUFFICIENT INFO
 COMPLAINT VALID - CASE OPENED ON _____ CASE CLOSED ON: _____

