

ROUTE TO:
NAME: _____
DEPT.: _____

CITY OF VICTORVILLE
Report of Complaint

Case No. _____

Date Reported: _____ Received By: _____

COMPLAINT:

Name: _____

Address: _____

Phone No: (Home) _____ (Work) _____

LOCATION

OF COMPLAINT: _____ APN #: _____

Nearest Cross Street _____

NATURE OF COMPLAINT: _____

INSPECTION REPORT

Date Inspected: _____ Inspected By: _____

OCCUPANT: _____ Phone No: _____

OWNER: _____ Phone No: _____

ADDRESS: _____

CONDITIONS FOUND: _____

ACTION TAKEN: _____
