

**CITY OF CRESTVIEW
CODE ENFORCEMENT DIVISION**

Initial Complaint Form

Date of Complaint: _____ Received by: _____

Complainant's Name: _____

Address: _____

Telephone Number: _____

Complaint: _____

Respondent Information

Owners Name: _____

Owners Address: _____

Location of Violation: _____

Violation of City Code(s)/ Florida State Statute: _____

Time given to correct violation: _____

Additional Information for letter: _____

