



# Town of Buena Vista Municipal Code Violation Complaint Form

**Code Enforcement Use Only:**

Date Received:

Case #:

Staff assigned to case:

Dept:

<b>Complainant Information:</b> The complainant can remain anonymous, however contact information will help resolve the complaint more efficiently. Every effort will be made to maintain complainant confidentiality throughout the investigation and resolution process.		
<b>Date:</b>	<b>Time:</b>	<b>Address:</b>
<b>Name:</b>		
<b>Daytime Phone Number:</b>		
<b>Secondary Phone Number:</b>		
<b>Email address:</b>		
<b>Complaint Received by:</b>		

**Description of Complaint** (Provide as much detail as possible: Who, What, Where & When)

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