



CODE COMPLIANCE INVESTIGATION REQUEST FORM

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**Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Violating Address:** \_\_\_\_\_

**Reason(s) for Investigation:**

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**BY SUBMITTING THIS FORM, I UNDERSTAND THAT ALL ATTEMPT'S WILL BE MADE TO KEEP THE COMPLAINANT ANONYMOUS. THE CITY **MUST** DISCLOSE THE COMPLAINANT'S NAME IF THE CASE GOES TO COURT**

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