

CITY OF MENTOR CODE ENFORCMENT COMPLAINT FORM

CONTACT INFORMATION:

Name:		
Street Address:		
City:	State:	Zip Code:
Phone Number:	Email Ad	ddress:
Do you prefer to remain anonymous? Yes *It is important for us to be able to or		uestions about the complaint.*
If need be, do you authorize Code Enforce *Contact information is required in order		
DETAILS OF THE COMPLAINT/ISSUE:		
Name (if known)		
Street Address (of complaint/issue):		
Describe the nature of your complaint/issu	ie:	
Any special circumstances concerning the not visible and causes a safety hazard. Pleas		
	Enforcement Use Only:	
DATE:	TIME:	SECTOR:

Mentor Municipal Center, 8500 Civic Center Boulevard, Mentor, Ohio 44060-2499 www.cityofmentor.com
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Email codeenforcement@cityofmentor.com