



CITY OF MENTOR CODE ENFORCEMENT COMPLIANT FORM

YOUR INFORMATION:

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email Address: _____

Do you want to remain anonymous: Yes No

*This is important for us to be able to contact you with any questions about the complaint. *

If need be, do you authorize code enforcement to view violation from your yard? Yes No

DETAILS OF THE COMPLAINT/ISSUE:

Name (if you know it) _____

Street Address (of compliant/issue): _____

Describe the nature of your compliant/issue:

Any special circumstances concerning the complaint: (i.e. tree was struck by lightning or stop sign is not visible and causes a safety hazard. Please provide pictures if possible.)

Code Enforcement use only:

DATE: _____ TIME: _____ SECTOR: _____

ASSIGNED TO: _____