



**CODE COMPLAINT  
WORK ORDER FORM**

**Complainant Information**

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

Complainant Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

**Location of Complaint**

Description of Location:

If the location of the complaint has an exact address, please include the address in the description of location. For locations with unknown addresses please include a nearest street intersection or identify a landmark.

**Description of Complaint**

Please describe in as much detail the issue:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Received by Code Inspector: \_\_\_\_\_ Date: \_\_\_\_\_

**Please email complaint to [code@cityofblanchard.us](mailto:code@cityofblanchard.us)**