

ZONING & NUISANCE
CITY OF OREGON
COMPLAINT FORM

LOCATION OF NUISANCE _____

OWNER'S NAME _____ PHONE NO. _____

ADDRESS _____

DATE _____

NATURE OF COMPLAINT _____

DO NOT WRITE BELOW THIS LINE

DETAILS OF INVESTIGATION – PRINT INSPECTION HISTORY

WILL RECHECK BE MADE: YES () NO ()

DATE OF RECHECK: _____

FILE NO. _____