



CITY OF WALKER
COMMUNITY DEVELOPMENT DEPARTMENT
CODE ENFORCEMENT COMPLAINT FORM

P 616.791.6214
E-mail: mgorby@walker.city

Report of _____

Date _____

Address of Complaint _____

OWNER OF PROPERTY:

Name _____ Address _____

COMPLAINANT:

Name _____ Address _____ Phone _____

COMPLAINT RECEIVED BY:

Name _____ Date _____

Report received by: Phone _____ Mail _____ In Person _____ E-mail _____

COMPLAINT ASSIGNED TO:

Name _____ Date _____

Photos taken _____ How many _____ Date taken _____

ADDITIONAL INFORMATION:

OPEN _____

CLOSED _____