



CITY OF MANCHESTER
CODE ENFORCEMENT DIVISION
COMPLAINT FORM

Property Address:		Apt/Floor:	
Date / Time:		Taken By:	
Complaint By:		Telephone #:	
Notes:			

Nature of Complaint:

Owner(s):		Telephone #:	
Manager/Agent:		Telephone #:	
Notes:			

Inspector Assigned:

VIOLATIONS FOUND OR SUMMARY OF ACTION TAKEN

Date Visited: _____ **Time:** _____ **Case No:** _____

Re-Inspection Date: _____ **Time:** _____

Inspector's Signature: _____