



City of Biggs
Code Enforcement Complaint Form

Date: _____

Time: _____

Please fill out completely. All complaints kept confidential. PLACE IN SEALED ENVELOPE MARKED – CODE ENFORCEMENT

Submitted By:

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

General Public
City Council
City Employee

Name/Title

Telephone

Address

Reason for Complaint: (Check one)

<input type="checkbox"/>

Animals
Signs
Zoning
Vehicles
Trash
Safety
Other:

Location of Complaint:

Nature of Violation:

