

**TOWN OF DELAVAN**  
**COMPLAINT/COMPLIANCE FORM**

**NO.** \_\_\_\_\_ **DATE:** \_\_\_\_\_ **TIME:** \_\_\_\_\_

**PERSON FILING COMPLAINT:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_

**OWNER OR OCCUPANT AT COMPLAINT LOCATION:**

**NAME:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**NATURE OF COMPLAINT/CALL:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**SIGNATURE OF COPMPLAINTANT:** \_\_\_\_\_

**(OFFICE USE ONLY)**

**MUNICIPAL AUTHORIZATION SIGNATURE**

\_\_\_\_\_ **DATE:** \_\_\_\_\_

**INSPECTION REPORT:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**ACTION TAKEN:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_