



CODE ENFORCEMENT REQUEST FORM

36 - 72 hours processing time

Homeowner Name		Acct Number	
Address		City	
Province	Postal Code	Phone	Fax
E-mail			

Code Enforcement Request Taken By (The Employee)	Date Code Enforcement Request Received
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Code Enforcement Request:

Corrective Action:

Has the Code Enforcement request been resolved? Yes No

If no, to whom was the request transferred? _____

How will the problem be avoided in the future?

Place and Date

Homeowner (Signature)

Employee (Signature)

Homeowner Name

Employee Name