

Town of Smithfield

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CODES DEPARTMENT COMPLAINT FORM

Date ____/____/____

Location of Complaint: _____

Complaint Addressed to (name): _____

Nature of Complaint _____

Complainant's Name: _____

Complainant's Signature (required) _____

Phone Number: (____) ____-_____ ; cell # (____) ____-_____

Mailing Address: _____

Codes Officer Use Only

Investigation Date: ____/____/____ C.E.O. _____

Building Occupied: _____ By: _____

Action needed: _____

Follow-up letter sent: ____/____/____

Assigned Case Number _____