



BARRINGTON
Be Inspired.

Code & Ordinance Violation Complaint Form

OFFICE USE ONLY	
Date Received:	
Received By:	
PMT #:	

Address of Subject Property:		Residential <input type="checkbox"/> Commercial <input type="checkbox"/>
Complainant Name:		
Complainant Address:		
Complainant Phone #:		
Complainant Email Address:		
Complainant Signature:		

Is the violation visible from the public right-of-way? Yes No

Do we have consent to enter upon your property to view the violation? Yes No (contact info required)

Description of the violation:

OFFICE USE ONLY	
Type of Violation:	
Code Section:	
Property PIN:	

Initial inspection comments:

Property Owner:	
Owner Address:	
City, State, Zip:	
Phone #:	
County Recorder Doc#:	