



INVESTIGATION FORM

December 2004 (Rev. Nov 2016)

OWNER INFORMATION		
Property Location:	Date of Request:	Case #
Owner:	Phone No:	
Address:	City:	State/Zip:
Occupant/Tenant:	Phone No:	
REPORTING PARTY INFORMATION		
Requested by:	Phone No.:	
Address:	City:	State/Zip:
Signature:		

NATURE OF REQUEST/COMPLAINT

INSPECTION INFORMATION	
Inspector:	Date of Investigation:

FOR OFFICE USE ONLY		
Confidential: <input type="checkbox"/> YES <input type="checkbox"/> NO	Date Closed:	Check Back Dates:
Comments:		