



Community Development Department  
Code Enforcement Division  
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## Town of Paradise Complaint/Report Form

Complainant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Address of Concern: \_\_\_\_\_

**NOTE: Specific street address is required to investigate the complaint.**

**Please describe the violation (who, what, where, when, why, how much, how long – dates if known):**

For Staff Use Only

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Anonymous       Known       Staff

Proactive       Reactive