

**Town of Schroepel
Code Enforcement Office
Complaint Form**

Complaint # _____
Date of complaint _____

Name: _____

Address: _____

Tax Map #: _____

Name of complainant: _____

Address of complainant: _____

Phone # of complainant: _____

Nature of complaint: _____

Date: _____ Action: _____

Date: _____ Action: _____

Date: _____ Action: _____

Date remedied: _____